

MONICA JOHNSON
UNITED STATES vs STATE OF GEORGIA

March 02, 2023

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THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF)
AMERICA,)
)
Plaintiff,)
)
vs.) CASE NO. 1:16-CV-03088-ELR
)
STATE OF GEORGIA,)
)
Defendant.)

VIDEOTAPED DEPOSITION OF MONICA JOHNSON

ATLANTA, GEORGIA

THURSDAY, MARCH 2, 2023

REPORTED BY: TANYA L. VERHOVEN-PAGE,
CCR-B-1790

FILE NO. J9346742

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March 2, 2023

10:11 a.m.

Videotaped deposition of
MONICA JOHNSON, held at the offices
of Robbins Alloy Belinfante Littlefield,
LLC, 500 14th Street, Atlanta,
Georgia, before Tanya L. Verhoven-Page,
Certified Court Reporter and Notary
Public of the State of Georgia.

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APPEARANCES OF COUNSEL

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ALSO PRESENT: Monica Patel

THE VIDEOGRAPHER: Page Brantley

- - -

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WITNESS: MONICA JOHNSON

Examination

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BY MS. COHEN

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Plaintiff's
(Johnson)

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Georgia Code Title 37
Mental Health 37-1-2

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Exhibit 943

State of Georgia
Department of Behavioral
Health and Developmental
Disabilities Contract

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Exhibit 944

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numbers US0040522
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(Plaintiff's (Johnson) Deposition Exhibit

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1 ATLANTA, GEORGIA; THURSDAY, MARCH 2, 2023

2 10:11 A.M.

3
4 P R O C E E D I N G S

5
6 THE VIDEOGRAPHER: This is the
7 video deposition of Monica Johnson taken
8 in the matter of United States of America
9 versus the State of Georgia.

10 Today's date is March 2nd, 2023.
11 The time on the record is 10:12 a.m. My
12 name is Page Brantley, and I'm the
13 videographer. The court reporter is
14 Tanya Page.

15 Counsel, please introduce
16 yourselves, and after which the court
17 reporter will swear in the witness.

18 MS. COHEN: This is Frances Cohen
19 for the United States.

20 MS. HUGHES: Aileen Bell Hughes for
21 the United States.

22 MS. JOHNSON: Melanie Johnson for
23 the State of Georgia, and I'm joined by
24 Monica Patel, the corporate
25 representative for DBHDD.

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1
2 Thereupon --

3 MONICA JOHNSON,
4 called as a witness, having been first duly sworn,
5 was examined and testified as follows:
6

7 EXAMINATION

8 BY MS. COHEN:

9 Q Good morning. Thank you for coming in
10 today.

11 A Good morning.

12 Q I appreciate it. I know you're not
13 employed by DBHDD anymore and that this is on your
14 personal time, so thank you for making the time.

15 My name is Fran Cohen. I represent the
16 United States.

17 MS. COHEN: And this is the
18 deposition of Monica Johnson in the
19 lawsuit entitled United States versus
20 Georgia, Case Number 1:16-CV-03088.

21 And Ms. Johnson and I -- this
22 Ms. Johnson -- I'm going to have trouble
23 with names today. Melanie Johnson and I
24 have stipulated that all objections
25 except as to form and all motions to

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1 strike are reserved until time of trial,
2 and we will waive notarization and the
3 transcript may be signed under penalty of
4 perjury within 30 days of receipt.

5 MS. JOHNSON: Great.

6 BY MS. COHEN:

7 Q Okay. Commissioner -- Ms. Johnson, I'm
8 sorry. You asked me to call you Ms. Johnson and not
9 Commissioner.

10 Ms. Johnson, could you please state and
11 spell your full name for the record.

12 A Monica Johnson, M-O-N-I-C-A,
13 J-O-H-N-S-O-N.

14 Q And what is your home address?

15 A 370 Avian, A-V-I-A-N, Forest Drive,
16 Stockbridge, Georgia 30281.

17 Q And have you previously been known by the
18 name of Monica Saxby Parker?

19 A Uh-huh.

20 Q During what years?

21 A The last time I was married, so 2000 --
22 2000 through maybe 2000 and -- I don't know. Let me
23 see. Seriously. I'm trying to remember when did I
24 get -- so you could say 2000 until I got remarried.
25 So until March 2016.

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1 Q 2016?

2 A Uh-huh.

3 Q Are you due for an anniversary?

4 A Sunday.

5 Q Congratulations.

6 A Thank you.

7 Q How are you currently employed?

8 A I work for the United States Health and
9 Human Services SAMHSA Division, as the director for
10 988 and Behavioral Health Crisis Coordinating Office.

11 Q Now, you have a soft voice and I'm hard
12 of hearing. So I'll ask you to speak up, if you can.
13 And I'll just ask you to repeat it if I don't hear
14 100 percent. Thank you in advance for your courtesy
15 with that.

16 What are you -- is 988, is that the
17 hotline, the suicide hotline?

18 A Yeah, it's the suicide, crisis and mental
19 health line, yes.

20 Q Now, are you represented by counsel here
21 today?

22 A No, other than the people already here,
23 like --

24 MS. COHEN: Are you representing
25 her?

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1 MS. JOHNSON: Yes, I'm representing
2 Ms. Johnson today.

3 MS. COHEN: Are you representing
4 her for all purposes or are there any
5 limitations?

6 MS. JOHNSON: For all purposes.

7 BY MS. COHEN:

8 Q Okay. Have you ever had your deposition
9 taken before?

10 A No.

11 Q I think it's better than going to the
12 dentist. Here are some simple rules we're going to
13 follow today.

14 If you don't understand, tell me and I'll
15 rephrase it. I apologize in advance if I have to ask
16 you to repeat things. You can take a break any time
17 you want, except when a question is pending. I'll
18 ask you to complete your answer before you take a
19 break.

20 Understood?

21 A Yes.

22 Q And you must -- you'll hear your counsel
23 note her objections for the record. To preserve --
24 and she's looking to preserve rights for later on so
25 that she can argue to the judge that it wasn't a

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1 proper question. But unless she directs you not to
2 answer, you must answer every question. Okay?

3 A Okay.

4 Q And the court reporter can't take down
5 uh-huh or nods of the head, so I'll ask you to say
6 yes or no or whatever your going to say in words.

7 A Okay.

8 Q And, let's see. Only one of us can
9 speak. So I'll try not to jump on your answers and
10 I'll ask you to try and let me finish my questions
11 before you start.

12 Did you meet with counsel to prepare for
13 this deposition?

14 A Yes.

15 Q When was that?

16 A Yesterday.

17 Q Was that the only time?

18 A Yes.

19 Q Did you also speak by telephone to
20 prepare?

21 A That was how we -- that was how we
22 prepared.

23 Q Your meeting was over the telephone?

24 A Right.

25 Q And how long was that meeting?

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1 A About 40 minutes.

2 Q And who was present?

3 A Melanie Johnson and Kate, one of the
4 attorneys from DBHDD. I can't recall Kate's last
5 name in this moment.

6 Q Someone who works with Ms. Patel?

7 A Correct.

8 Q And were you shown any documents at that
9 time?

10 A It was a telephone call.

11 Q Had any documents been sent to you in
12 anticipation of the call, by counsel?

13 A The notice of deposition?

14 Q Other than that, any other documents?

15 A No. For the call? No.

16 Q And were any documents sent to you
17 following the call for preparation for today's
18 deposition?

19 A I got documents with instructions for
20 today.

21 Q So they didn't have any substance
22 relating to the case?

23 A No.

24 Q I think you know a little bit about the
25 case?

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1 A Yes.

2 Q This is a suit by the United States
3 against the State of Georgia alleging that the
4 students in the GNETS programs are wrongfully
5 segregated because of their disabilities. So it's a
6 suit under Title II, the Americans with Disabilities
7 Act.

8 Previous to this deposition today, you
9 had had some briefings about this case in your former
10 capacity; isn't that right?

11 A So it depends on how we're describing
12 briefings. I have not had a conversation about a
13 GNETS case in several years. So my -- the last
14 communication or meetings that I was in about GNETS
15 was several years ago.

16 Q All right. Well, let's take it question
17 by question and I think it will come easier after we
18 get out, you know, when you -- your dates, et cetera.

19 So you're currently employed by SAMHSA.
20 And what are your responsibilities there, in the 988?

21 A I'm responsible for overseeing the
22 roll-out of the 988 line.

23 Q My goodness.

24 A And then the second part of that office
25 is a newer part -- the office is new. It was just

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1 codified by Congress in the summer. So the second
2 part is building out the behavioral health crisis
3 continuum for the country.

4 Q Wow. Congratulations.

5 A Thank you.

6 Q Are you able to do that from Georgia?

7 A Yes.

8 Q Primarily?

9 A Yes.

10 Q And you mentioned that you had gone by
11 the name of Monica Saxby Parker. Is there -- are you
12 currently licensed by the State of Georgia?

13 A Yes.

14 Q And what is your licensing?

15 A I'm a licensed professional counselor.

16 Q And is that in the name of Monica Saxby
17 Parker?

18 A I think so.

19 Q So what has been your formal education
20 since completing high school?

21 A I have a Bachelor's degree in psychology
22 and a graduate degree in counseling psychology.

23 Q What year was your Bachelor's a degree in
24 psychology?

25 A 1999.

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1 Q And what -- what institution confirmed
2 that degree?

3 A Kennesaw State University.

4 Q And then, with regard to your degree in
5 psychology counseling, what was the institution that
6 conferred that degree?

7 A Argosy University, Atlanta campus.

8 Q And what year did you receive that
9 degree?

10 A I believe it was 2001. It could have
11 been 2002. It was one of those.

12 Q And is that an MS in professional
13 counseling, slash, psychology?

14 A No, I'm a -- no. So it was an MA degree,
15 Master of Arts, Professional Counseling, Psychology.

16 Q Got it. And then following your degree
17 from Argosy University, did you also attend
18 Georgetown in a certificate or other kind of program?

19 A Georgetown had a leadership academy
20 program that I participated in and completed.

21 Q What years was that?

22 A I don't recall the exact year.

23 Q Sometime between 2002 and today?

24 A Yes.

25 Q Okay. And how long have you worked in

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1 the behavioral health field?

2 A Twenty-six years.

3 Q So since 1997?

4 A Whatever 26 years is, yeah. I only know
5 that because I've had to say it so much because of my
6 new job. So I've had to introduce myself a lot, so
7 I've done the math.

8 Q So tell me what -- how you've spent those
9 26 years with regard to your job titles and employer.

10 A So I started out working at a children's
11 psychiatric residential treatment facility as a --
12 what was called -- a social services technician.
13 That was my first job in this field. I did that
14 part-time while I was still in college.

15 After that, I've worked a variety of
16 community settings. I've worked in a children's
17 shelter for children in the welfare system. So if
18 you got taken into custody, you had -- you have to go
19 somewhere initially, and most kids go to a foster
20 home.

21 Q What years was that?

22 A Or a shelter.

23 Q Just very approximate.

24 A I don't know. I don't have my resume in
25 front of me. It's all laid out on my resume. So I

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1 was at Kennesaw State. So 1998, '99, around that
2 time, was the psychiatric residential facility.

3 Q Okay. Where you worked as a social
4 services technician?

5 A Yeah. And then the children's shelter
6 was after that. I was in graduate school. So
7 sometime around 1999, 2000, 2001, 2002, somewhere in
8 that window.

9 Q Okay.

10 A I've worked at a -- at Cobb. At the time
11 it was called Cobb and Douglas Community Service
12 Board. I worked there several different times, so I
13 went back and forth there. Had a baby in between.
14 So I had different roles there. I interned there. I
15 was the child and adolescent mental health director
16 for a while. I was the program development person
17 for a minute. I was the clinical site director. So
18 I had a variety of roles there.

19 I did a couple other things. Ended up in
20 state government. I came as the child and adolescent
21 mental health director. I did that for nine months
22 and then I was promoted to the community mental
23 health director role. And then I was appointed to
24 the behavioral health division director role. Did
25 that the longest, eight years, and it ended as the

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1 interim commissioner. And we just talked about what
2 I do now.

3 Q So what -- what date did you resign from
4 DBHDD?

5 A My last day was December 31st, 2022.

6 Q And am I correct that you started there
7 in 2014?

8 A Yeah. In November. November 16th.

9 Q Okay. And what were your job
10 responsibilities in your first role as child and
11 adolescent mental health director?

12 A So I oversaw the office, which included a
13 variety of activities. So you oversee programming,
14 you develop policy, you manage the budget. It's a
15 variety of functions. You manage staff, work with
16 providers.

17 Q And then was it in -- what year were you
18 promoted to -- was that a promotion to become the
19 community mental health director?

20 A I recall it as, I was in the child and
21 adolescent mental health director role for nine
22 months. So whatever year or however the math works.
23 I only know it was nine months because I joked about,
24 they only let me stay in that position long enough to
25 have a baby. So --

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1 Q So what was your next position? Was it
2 as community mental health director?

3 A So I became -- I still oversaw the
4 children's mental health office, the director for
5 that. So I oversaw the director. I oversaw the
6 director for adult mental health. And then, at the
7 time, support of housing was a -- an office by itself
8 at that time. I oversaw that. And then deaf
9 services was moved to me. So I think those were the
10 areas I got -- in Federal grants.

11 Q Deaf as in D-E-A-F?

12 A Yes.

13 Q And you also oversaw DBHDD's
14 participation in Federal grants?

15 A Yes.

16 Q And --

17 A The director of that, yeah.

18 Q How long were you in that role?

19 A I don't know. Let's see. If I was there
20 12 years, eight of it -- two, three, four, five, six,
21 seven, eight. So that leaves four, so about three
22 years. Three years and a couple of months, I think.

23 Q And then when did you become the director
24 of the division of behavioral health?

25 A I was in it eight years. So up until

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1 November of 2022. I forget the exact date of the
2 signing in for the interim commissioner role, but I
3 had been in it for eight years. So from 2022, go
4 back eighth years.

5 Q And how long were you interim
6 commissioner?

7 A Whatever the date was in November. So
8 mid November until I -- pretty much until
9 December 31st. The new commissioner came two weeks
10 before the end of December, I believe. So, yeah.

11 Q And is that new commissioner Mr. Kevin
12 Tanner?

13 A Yes.

14 Q And so you were interim commissioner for
15 less than two months?

16 A Correct.

17 Q Understood. As the -- I suspect most of
18 the day today we're going to be talking about your
19 role as director of behavioral health division, which
20 ended at some date in '22, when commissioner Judy
21 Fitzgerald left the department, correct?

22 A Correct.

23 Q So let me start with an exhibit, which is
24 the Georgia Code, Title 37, Mental Health, Section
25 37-1-2.

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1 MS. COHEN: And I'll ask the court
2 reporter to mark that, please, as Exhibit
3 942.

4 (Plaintiff's (Johnson) Deposition
5 Exhibit No. 942 was marked for the
6 record.)

7 BY MS. COHEN:

8 Q Are you familiar with this statute?

9 A Yes. Mostly, yes.

10 Q This is the enabling legislation for the
11 Department of Behavioral Health and Developmental
12 Disabilities in the State of Georgia.

13 MS. JOHNSON: Object to form.

14 BY MS. COHEN:

15 Q Sorry. My questions was, you know this
16 to be the enabling legislation for the Department of
17 Behavioral Health and Developmental Disabilities in
18 the State of Georgia?

19 A Yes, I understand that to be.

20 Q And that sets forth the statutory
21 authority and responsibilities of the agency?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: Yes, I understand
24 that.

25

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1 BY MS. COHEN:

2 Q And it was your job, both as interim
3 commissioner and as director of the division of
4 behavioral health, to implement this statute?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: Yes.

7 BY MS. COHEN:

8 Q And as director of the division of
9 behavioral health, you performed those duties under
10 Commissioner Judy Fitzgerald, correct?

11 A I worked under more than one
12 commissioner, but yes.

13 Q Yeah. What -- I thought that
14 Ms. Fitzgerald started in 2012. Am I mistaken?

15 A I don't know what year she started. I
16 worked under three commissioners during my tenure.

17 Q And that was Ms. Fitzgerald?

18 A Commissioner Shelp, Commissioner Berry,
19 Commissioner Fitzgerald.

20 Q And then you became interim commissioner,
21 which was the highest officer of the division --
22 excuse me -- of the department?

23 A Yes.

24 Q Okay. Now, this statute says in Section
25 A that: The General Assembly finds that the State

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1 has a need to continually improve its system for
2 providing effective, efficient and quality mental
3 health developmental disability and addictive
4 services.

5 Further, the General Assembly finds that
6 a comprehensive range of quality services and
7 opportunities is vitally important to the existence
8 and well-being of individuals with mental health,
9 developmental disability or addictive disease needs
10 and their families.

11 So that was your responsibility during
12 the time that you were with DBHDD?

13 MS. JOHNSON: Object to form.

14 THE VIDEOGRAPHER: That is what we
15 were charged with.

16 BY MS. COHEN:

17 Q And you were also charged -- and you are
18 also aware that the State acknowledged its obligation
19 and responsibility to develop and deliver -- to
20 develop and implement planning and service delivery
21 systems which focus on a core set of
22 consumer-oriented, community-based values and
23 principles?

24 A Yes.

25 Q And one of the first principles in

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1 Paragraph Number 1 is that: Consumers and families
2 should have choices about services and providers and
3 should have substantive input into the planning and
4 delivery of all services.

5 A Correct.

6 Q And the system should be appropriately
7 comprehensive, meaning that everyone is included?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: Yes.

10 BY MS. COHEN:

11 Q And adaptive, to allow consumers and
12 their families to access the services they need or
13 desire; is that right?

14 MS. JOHNSON: Object to form.

15 THE WITNESS: Correct.

16 BY MS. COHEN:

17 Q And another value stated in Paragraph 9
18 is that consumers and families should have a single,
19 community-based point of entry into the system?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: I understand what you
22 just said.

23 BY MS. COHEN:

24 Q What is a single, community-based point
25 of entry into the system?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: It may not be that.

3 So it depends on the choice of the
4 family. So, it depends. So if the
5 children's system is a little bifurcated,
6 and so it depends on the family's
7 insurance. The payors drive a lot of
8 that. So --

9 Q Just to clarify. My question was not how
10 is it implemented. We'll get to that shortly. But
11 how do you understand the phrase, single,
12 family-oriented point of entry?

13 MS. JOHNSON: Object to form.

14 THE WITNESS: I don't know how to
15 answer that without going into a further
16 explanation.

17 BY MS. COHEN:

18 Q Go ahead.

19 A It is -- the system is driven by payors.
20 So families have choices about how they access care.
21 So they have a choice to choose a provider, meaning a
22 doctor, a therapist. They may have more than one
23 provider. And so there may not be just one single
24 place.

25 The single point, when you read that, may

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1 mean the insurance company. It may mean who the
2 payor is, whoever is helping to coordinate care. So
3 that's the way I interpret that.

4 Q Thank you. And as director of the
5 division of behavioral health, you were responsible
6 for the expenditure of all State and Federal funds
7 for those purposes?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: That were
10 appropriated to DBHDD.

11 BY MS. COHEN:

12 Q And what consumers, what members of the
13 public had access to the mental health services that
14 DBHDD provided for children and adolescence?

15 A So as of today, it is children who are
16 uninsured or have Medicaid that is Social Security
17 Disability Medicaid. That is the population DBHDD is
18 responsible as of today.

19 Q As the payor?

20 A Correct.

21 Q And who is the other payor in the system?
22 Is it the department of community health?

23 A Department of community health, private
24 insurances.

25 Q Does DBHDD use a manual to set forth the

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1 coverage, the types of services that are available
2 under the Medicaid and other public insurance
3 programs?

4 A Yes.

5 Q And is that renewed quarterly?

6 A Yes.

7 Q And --

8 A Well, it is reviewed quarterly. That
9 doesn't mean it was -- that doesn't mean anything
10 changed. It's reviewed quarterly, or it was.

11 Q Maybe a better word would be it was
12 reissued quarterly during your time at DBHDD?

13 A Yes.

14 Q And what was your responsibility in
15 connection with that manual?

16 A So my responsibility in the more recent
17 role that I held at the division, the director for
18 behavioral health, is to review changes that were
19 made. And if changes were made, I reviewed that.

20 There was a whole process, a group that
21 reviewed it as a whole, but I would review changes
22 that were being proposed from individuals that worked
23 under me.

24 Q And then -- and was it your practice when
25 you were director of the division of behavioral

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1 health to submit those changes to the commissioner
2 for approval?

3 A No.

4 Q Or did you have final approval?

5 A No. It was a -- there was a committee
6 that provided final approval. Those changes did not
7 go up to the commissioner.

8 So the only -- my role is what I just
9 said. So if someone in my division proposed a change
10 to the manual, I reviewed that change. If I approve
11 that change, it moved forward to the approving
12 committee. And there's a policy somewhere that
13 guides that.

14 Q Thank you. Were there any publicly
15 provided behavioral health services provided in
16 Georgia that were not provided by DBHDD during your
17 tenure there?

18 A I can only speak to what I did at DBHDD.
19 I don't understand the question. I'm sorry.

20 Q Let me withdraw it. It's not a great
21 question. Let's see.

22 Are there any behavioral health services
23 that are provided with state funds that DBHDD does
24 not have responsibility to implement and coordinate?

25 A I can only speak to the funds that were

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1 appropriated to DBHDD for which I had responsibility
2 for.

3 Q You're not aware of any others?

4 A I know the budget that DBHDD was
5 appropriated for. I cannot speak to what other
6 entities may have received funds for. That's -- that
7 would be outside of my scope.

8 Q So when I ask you you're not aware of
9 others, your answer would be no?

10 MS. JOHNSON: Object to form.

11 THE WITNESS: In this moment, I do
12 not -- I know what we were appropriated
13 to do. I don't know what other entities
14 got State funds or funding to do outside
15 of what DBHDD did.

16 BY MS. COHEN:

17 Q And would your answer, Ms. Johnson, be
18 the same with regard to Federal funds?

19 A I would have no way of knowing and
20 keeping up with what other entities receive. What I
21 know, if another entity has a Federal grant and
22 they're implementing a program and we were a partner
23 with, yes, I would know that. But I would not know
24 other -- other entity's budget process and how much
25 they were allocated.

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1 Q So to your understanding and experience
2 at DBHDD, the services that the public insurance
3 programs and DBHDD covered for the uninsured were
4 itemized in the manuals?

5 A They were itemized in the manual and they
6 were also in the Medicaid state plan that DCH
7 manages.

8 Q So did you work with DCH to make sure
9 that the Medicaid State plan was consistent with the
10 coverage manual?

11 A There was an individual whose position
12 whose main responsibility is essentially a liaison
13 between DBHDD and DCH. That was a part of that
14 person's responsibility. But, yes, we worked very
15 closely with DCH to make sure that what we put in
16 provider manuals was consistent with what's in the
17 State plan. That's a requirement.

18 Q And who was that individual?

19 A Wendy Tiegreen White. Or Wendy White --
20 Wendy Tiegreen.

21 Q Thank you. Now, pursuant to the
22 statutory charge there was a separate office for
23 children and adolescent mental health services,
24 correct?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: There was an
2 independent office for children and -- I
3 oversaw it, yes, children's mental
4 health.

5 BY MS. COHEN:

6 Q And that was the Office of Children,
7 Young Adults and Families, OCYF?

8 A That is our internal working name. It
9 was children's mental health, was the office, and
10 it's appropriated as children's mental health. You
11 won't find that language in the appropriation.

12 Q And what ages does it cover?

13 A We cover starting at age five. You can
14 go up to age 21 if you are still in foster care. So
15 other than that, five to 18. Eighteen to 21 if
16 you're still in foster care.

17 We do also provide support services
18 for -- or we -- they provide support services for
19 what we consider emerging adults, and that could go
20 up to about 28. So it's a special population of
21 trans -- emerging young adults.

22 Q Who covers children with behavioral
23 health needs between the ages of birth to five years
24 old?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: A variety -- well,
2 first of all, a variety. That could
3 be -- I mean, it's kind of a broad
4 question. Public health can provide
5 services. Pediatricians can provide
6 services. So it depends on what the need
7 is.

8 BY MS. COHEN:

9 Q Did DBHDD have any responsibility for the
10 oversight of that --

11 A No.

12 Q -- of such services?

13 A No.

14 Q Does the State of Georgia participate in
15 what's known as EPSDT, early prevention, detection
16 and screening.

17 A I can't speak to that. I don't know what
18 they're doing right now. That falls under DCH, not
19 DBHDD.

20 Q So you didn't have any experience with
21 the EPSDT program?

22 A It was not implemented while I worked in
23 that role, and it falls under DCH and not DBHDD.

24 Q Now, while you were director of the
25 division of behavioral health, who was in charge of

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1 the office of OCYF?

2 A So there were three different directors.
3 The most recent is Dante McKay. Prior to Dante, Matt
4 Yancey, and then Linda Henderson-Smith.

5 Q Did Mr. McKay start in approximately
6 2015?

7 A I don't know. That, I don't remember.

8 Q Are you familiar with the Apex program?

9 A Yes.

10 Q That was administered by your office?

11 A Yes.

12 Q And there was an Apex pilot in 2015 to
13 2016. Do you recall that?

14 A Yes.

15 Q And do you recall that Mr. McKay came at
16 the beginning of the pilot?

17 A The pilot happened before Dante came.

18 Q Before.

19 A Matt Yancey initiated the pilot.

20 Q So did -- did Mr. McKay start in about
21 2016?

22 A I don't know the date that Dante started.

23 MS. COHEN: All right. Let's mark
24 as Exhibit 643 --

25 MS. JOHNSON: Is it 943?

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1 MS. COHEN: -- 943 -- excuse me --
2 a copy of a DBHDD, CSB contract with the
3 Community Service Board of Middle Georgia
4 for fiscal year 2022.

5 (Plaintiff's (Johnson) Deposition
6 Exhibit No. 943 was marked for the
7 record.)

8 MS. COHEN: Why don't we take a
9 brief break.

10 THE VIDEOGRAPHER: The time is
11 10:47 a.m., and we are off the record.

12 (Brief pause.)

13 THE VIDEOGRAPHER: The time is
14 10:49 a.m., and we are back on the
15 record. Sorry. The time is 10:49 a.m.,
16 and we are back on the record.

17 BY MS. COHEN:

18 Q Thank you. Commissioner -- Ms. Johnson,
19 let me just ask you. You said you worked in a
20 residential treatment facility part-time as a social
21 services technician?

22 A Yes.

23 Q Which residential treatment facility was
24 that?

25 A Devereaux.

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1 Q And were there kids there who were served
2 in GNETS?

3 A No.

4 Q No?

5 A No.

6 Q Where did they attend school? On ground?

7 MS. JOHNSON: Object to form.

8 THE WITNESS: Yes.

9 BY MS. COHEN:

10 Q Were there kids who are in that RTF,
11 residential treatment facility, who left the RTF to
12 attend GNETS placements?

13 MS. JOHNSON: Object to form.

14 THE WITNESS: I have no idea.

15 MS. COHEN: Okay. I'm going to
16 mark now an exhibit as Exhibit 944 [sic],
17 a copy of the contract between the
18 Community Mental Health Services Board of
19 Middle Georgia and the -- and DBHDD.

20 BY MS. COHEN:

21 Q Have you seen this previously?

22 A I don't know. Let me look at it.

23 Q Is that 944 or 943? I'm sorry. That's
24 943. I misspoke.

25 A Well, I signed it, so that's why you

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1 asked. So I've apparently seen it before because I
2 signed it. So yes is the answer to your question.

3 Q Did you actually physically sign it or do
4 you have a stamp or something else?

5 A Sometimes I physically sign, sometimes I
6 use a stamp and sometimes, during COVID, we used
7 electronic signatures.

8 Q So whether you signed it in-person, used
9 an electronic signature or a stamp, you reviewed the
10 contract before you allowed your signature to be
11 affixed?

12 MS. JOHNSON: Object to form.

13 THE WITNESS: Yes.

14 BY MS. COHEN:

15 Q And this is one of -- that you authorized
16 in May or June of 2021? You can look at Page 231.
17 And I'm referring to the little red numbers at the
18 top of the upper left-hand corner.

19 A According to this document, I signed it
20 on February 24th.

21 Q 2021?

22 A 2022 is what it says here, on Page 12 at
23 the back. Well, so -- let's see.

24 Q Are you looking at Page 231?

25 A It's multiple parts to this contract.

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1 MS. JOHNSON: This looks different
2 than what we have. She doesn't have a
3 red --

4 MS. COHEN: Oh, she doesn't have
5 the --

6 MS. JOHNSON: Maybe let's take back
7 Monica's and give it to her.

8 MS. PATEL: Sure.

9 MS. COHEN: We're going to mark as
10 944 a copy of the contract with stamps.

11 (Plaintiff's (Johnson) Deposition
12 Exhibit No. 944 was marked for the
13 record.)

14 MS. COHEN: I apologize. Thank
15 you, Melanie.

16 MS. JOHNSON: Uh-huh.

17 THE WITNESS: Remind me of your
18 question.

19 BY MS. COHEN:

20 Q Yeah. Let's start again.

21 I've put in front of you as Exhibit 944 a
22 document which has the stamps MG00181 through 269 in
23 the red numbers in the upper left-hand corner. And
24 those stamps were affixed by Community Service Board
25 of Middle Georgia.

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1 Do you see that?

2 A Yes.

3 Q Okay. Now, I see that you have a
4 signature page on 231, looking at the numbers in the
5 upper left-hand corner?

6 A Okay.

7 Q And that -- that signature page is dated
8 June of 2021?

9 A It is.

10 Q And then is there another date that's
11 applicable? Is that the date on which you executed
12 this contract for fiscal year 2022?

13 A All I can see is what is in front of me.
14 I signed it on 6/1/2021.

15 Q And do you believe that's the date on
16 which you authorized this contract?

17 A According to this, yes.

18 Q Thank you. And I see you've put to one
19 side pages of one of the annexes to the contract?

20 A Yes, but for no particular reason, just
21 I'm trying to sort through what I'm looking at.

22 Q What page do you have in front of you?

23 A So it's the same, I think. So MG00202
24 and 233, Apex Deliverables, Annex B.

25 Q And who was the drafter of that section?

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1 A Whoever the program manager was. I don't
2 know.

3 Q The program manager for?

4 A So within the office there's a director
5 and there are plenty of staff that --

6 Q Which office are you referring to?

7 A The children's mental health office,
8 OCYF. So within that office there are staff, and
9 some of the staff are assigned to certain programs
10 within the office.

11 So whoever was managing Apex at the
12 programmatic level is the individual who drafts the
13 deliverables and puts them in the contract.

14 Q And did you review this deliverable?

15 A I review what I sign.

16 Q So your answer is yes?

17 A Yes. I review what I sign.

18 Q And do you recall whether this was
19 drafted by Mr. McKay or someone who reported to him?

20 A If the contract comes to me, it is
21 reviewed by -- the programmatic officer initiates
22 that, whoever that staff person is. Then it goes to
23 Dante. In this instance, it would have gone to Dante
24 McKay. He reviews, he signs. It then comes to me.

25 It also goes to fiscal people, other

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1 budgetary reviews, as well. But when it comes to me
2 for signature, it already has those reviews.

3 Q Understood. And each of the contracts
4 for the Apex program, from 2016 until you left the
5 department at the end of 2022, contained an Annex B
6 describing the deliverables for the Apex program,
7 correct?

8 A All of the --

9 MS. JOHNSON: Object to form.

10 THE WITNESS: Oh, I'm sorry.

11 All contracts maintain the
12 deliverables in an annex. So if the
13 question is, does the Apex contracts have
14 annexes that have the deliverables, they
15 should all have the same level of
16 information.

17 BY MS. COHEN:

18 Q Now, there were three programs with the
19 Apex name, Apex, Apex 2.0 and Apex 3.0. What do
20 those separate names refer to?

21 A It's evolution of the programming. Some
22 of it was tied to budget. So we got a certain amount
23 of allocation initially. That was the first level.
24 And then we got more allocation, made modifications
25 to the program. Certain -- certain things were just

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1 changed and adjusted and so it became a different
2 version of the program, an evolution of it.

3 Q Were some of the original Apex contracts
4 reviewed every year?

5 A All contracts are renewed on an annual
6 basis at DBHDD.

7 Q What I'm trying to understand is whether
8 the contracts for the first Apex program, if a CSB,
9 whether Middle Georgia or another CSB, had a contract
10 in the form -- in the format that is originally
11 approved for the deliverables, did that contract
12 renew every year or did the deliverables changed each
13 year across all contracts?

14 MS. JOHNSON: Object to form.

15 THE WITNESS: It could be
16 either/or.

17 BY MS. COHEN:

18 Q How so?

19 A Because we can modify deliverables for a
20 variety of reasons, so it could change. It could
21 change because of the budget. There's a variety of
22 reasons why deliverables can change.

23 Q And there were 24 providers in the Apex
24 program?

25 A I don't know how many providers are in

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1 the Apex program.

2 Q What's your best estimate?

3 A I don't know.

4 Q But you -- you reviewed each of those
5 contracts every year?

6 A There are -- so -- I feel like I'm going
7 to repeat myself.

8 I signed every contract that comes out of
9 the behavioral health division. There are hundreds
10 of contracts that come out of the division. These
11 are a portion of those contracts.

12 Q Okay. So what my question is, is whether
13 this schedule of deliverables was essentially
14 consistent from 2016 to 2022?

15 MS. JOHNSON: Object to form.

16 THE WITNESS: They're relatively
17 consistent, as far as I can recall.

18 BY MS. COHEN:

19 Q Can you recall any critical differences?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: I did not manage the
22 day-to-day of Apex, so I don't recall
23 every change to a deliverable that
24 happened with Apex. Apex evolved over
25 many years and we made modifications.

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1 BY MS. COHEN:

2 Q Okay. So my -- my -- do you recall my
3 question?

4 A You can repeat the question.

5 Q Do you recall any critical differences
6 that were implemented to the Deliverables section of
7 the contract over time?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: Not that I feel is
10 critical, no.

11 Q Now, who was the program manager of Apex
12 during the period from 2016 to 2022?

13 A Under Dante McKay, I don't recall who the
14 staff person was.

15 Q If I said Layla Fitzgerald?

16 A Layla, yes, that's correct. It's Layla.
17 It was her at some point in time, yes.

18 Q And Layla was the program manager when
19 you left in 2022?

20 A Yes.

21 Q And then, initially, there was a one-year
22 Apex pilot from 2015 to 2016, and I think you said
23 that was under the director -- the direction of
24 Mr. Yancey?

25 A Correct.

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1 Q And what did the pilot consist of?

2 A We had an opportunity to use funds -- we
3 had surplussed funds that year, and so we had an
4 opportunity to do something innovative. Matt Yancey
5 and I had worked together on a school-based mental
6 health program prior to coming to DBHDD. So when I
7 worked at Cobb and Douglas Community Service Board,
8 Matt Yancey was the project director for Cobb County
9 School Systems' Safe Schools, Healthy Students grant,
10 which had a major school-based component to it.

11 So he had expertise. I had expertise
12 from implementing it in an actual school. So we
13 decided to see if we could implement this at a state
14 level. And we did, and that is how the pilot
15 started.

16 Q So let me go back to the time when you
17 were at Cobb Douglas. What was the impetus for
18 rolling out a school-based mental health program at
19 Cobb Douglas?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: So the program was
22 not rolled out by Cobb Douglas. The
23 Department of Education -- the Federal
24 Department of Education had -- I don't
25 think they have these grants anymore, but

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1 they were Safe Schools, Healthy Student
2 grants. DOE was the primary Federal
3 entity. It was in partnership with other
4 entities, SAMHSA, but you had to be a
5 school system to receive the grant.

6 A part of the grant had a
7 school-based mental health component to
8 it. There were other parts to that
9 grant, but that was a large part. So in
10 Cobb and Douglas, when I was in that
11 role, Marietta city schools received a
12 planning grant for that, and Cobb County
13 received, I believe at the time, probably
14 the largest grant that had been awarded
15 in the country. If it was not the
16 largest, it was in the top three. It was
17 a big deal.

18 BY MS. COHEN:

19 Q Were you involved in winning that grant?

20 A I helped them write that grant and apply
21 for it. The grant required that the school system
22 work with a behavior health provider. So we already
23 were partnered with the school system prior to that,
24 and so we went after the grant together and they were
25 awarded it.

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1 Q What -- who was the person at Cobb
2 Douglas who became interested in pursuing that grant?

3 A Her name was Paulette, I think her last
4 name was Herbert. Don't quote me on her last name
5 100 percent. That feels right. But her first name
6 was Paulette. She was the director for the school
7 social workers.

8 Q And what were -- and she sought to
9 institute school-based mental health services?

10 A There were many components to that grant.
11 The school-based mental health part of it was the
12 largest part. Yes, she was interested in that.

13 We had already had a relationship where
14 we worked together to provide support to the schools
15 when they needed it or asked for it. That's an
16 expectation without Apex, you should be working with
17 schools. And so that was how it started.

18 Q You're referring to the Cobb Douglas CSB?

19 A I'm referring to the grant that Cobb
20 County School Systems got.

21 Q I meant when you said, we already had a
22 relationship, were you referring to the Cobb Douglas
23 CSB as already having a relationship with the Cobb
24 County School System?

25 A Correct, as well as Marietta city

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1 schools.

2 Q And what was the amount of the grant?

3 A I don't recall.

4 Q I thought you would have it plastered on
5 your wall.

6 A It's too long ago.

7 Q How did the pilot work out? Well,
8 actually, let me ask you this.

9 What was provided as part of the pilot?

10 A The pilot at DBHDD or the implementation
11 of the grant?

12 Q Oh, I'm sorry, the implementation.

13 What did -- what were the services
14 provided in connection with the implementation of the
15 grant?

16 A So school-based mental health services,
17 so for -- whether it was mental health or addiction
18 services. So there's a best practice model for how
19 to do this. And so we worked with the school
20 district on identifying which schools would be
21 included. The -- while the district got the grant,
22 the schools could opt-in or out, and so we had to
23 work with schools to see who wanted to be a part of
24 it and not, and try to convince schools that didn't
25 want in.

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1 We identified the group of schools. We
2 identified staff. And so we partnered together as a
3 part of -- the way the grant required us to, to
4 identify clinicians, case managers. The CSB -- I was
5 the CNA director at the time. So the CSB would hire
6 the clinical staff. They would be deployed to the
7 schools that they were assigned to. They did a
8 variety of activities. Some of it was training
9 teachers. Some of it was responding to crisis needs
10 in the schools, working with existing school social
11 workers and counselors, providing groups, responding
12 to traumatic events, et cetera.

13 Q Do you have any training in applied
14 behavior analysis?

15 A No.

16 Q Did anyone involved in that grant have
17 training in it?

18 A I don't recall.

19 Q Do you know whether applied behavior
20 analysis was used in connection with that grant?

21 A I don't -- I don't recall --

22 Q Those services?

23 A -- identifying that as a particular
24 approach to do -- we weren't required to. So most of
25 the services -- most of the clinical approaches were

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1 CBT, So cognitive behavior therapy.

2 Q And what -- what types of kids did you
3 serve?

4 A Kids that were identified that were
5 flagged by teachers or counselors that seemed to have
6 a need for social, emotional support.

7 Q Were some of these kids disruptive?

8 A Yes.

9 Q And engaged in violent behavior?

10 A That -- that's a possibility. That's not
11 a requirement.

12 Q Understood. And were some of them
13 depressed?

14 A Yes.

15 Q Traumatized?

16 A Could be.

17 Q Anxious?

18 A Very common.

19 Q And what was -- what were the licensing
20 credentials of the clinicians who provided services
21 on behalf of the CSBs in the schools?

22 A They could be fully licensed as a -- so
23 it was either -- there's only three license types
24 so -- in Georgia, so licensed professional counselor,
25 licensed clinical social worker, licensed marriage

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1 family therapist. And then there's associate level
2 licenses for each of those.

3 So you could be any of those, either the
4 associate level or the fully licensed, or the
5 substance abuse addiction certifications.

6 Q So with regard to behavioral health, you
7 needed to be associate level or above to provide
8 services in connection with the grant to Cobb County?

9 A For therapy services.

10 Q For therapy services.

11 A You could not have that degree and do
12 case management, which was also a component.

13 Q So did the CSB supply both case managers
14 and therapists?

15 A Yes.

16 Q And the therapists had to be either
17 associate level or above?

18 A Yes.

19 Q In their licensing?

20 A Or certified as an addiction
21 certification.

22 Q I think -- we're not going to be talking
23 about substance use disorder today. So I'm going to
24 be primarily asking you about behavioral health
25 therapists for children with serious emotional

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1 disturbances. Understand?

2 A Yes. So mental health.

3 Q Mental health.

4 A Not behavioral health. Okay.

5 Q So how -- how do you distinguish between
6 mental and behavioral health?

7 A Behavioral health consists of both mental
8 health and addiction.

9 Q Okay. Understood. I wasn't aware of
10 that distinction.

11 So for the mental health services grant,
12 how long -- how long was the grant for? How many
13 years of service?

14 A I believe it was approximately five
15 years.

16 Q Now, you stated that you approved the
17 program within the CSB. Were you a proponent for the
18 program in the community?

19 A Yes.

20 Q You spoke at schools or you spoke to
21 school administrators to convince them to enter the
22 program?

23 A Alongside with the director for the
24 social -- school social workers, Paulette.

25 Q And were you there for the entire

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1 five-year period of the grant?

2 A Yes.

3 Q How did it work out?

4 A It was great.

5 Q What were the advantages of it?

6 A For the schools who took advantage, who
7 chose to be engaged, we saw all types of positive
8 outcomes. Teachers, number one, reported improved
9 satisfaction. They felt like the trainings that we
10 provided for them helped them deal with kids in the
11 classroom that were disruptive. They felt like they
12 had the skills that they had not had before to be
13 able to prevent situations from escalating. That was
14 a big win.

15 Kids were able to be seen. You didn't
16 have to worry about transportation. You didn't have
17 to worry about parents coming into a clinic, per se,
18 or, you know, trying to figure out about babysitters.
19 The environment was there. That's where families
20 already go, and so it was a good way to capture the
21 audience. School is a good place try to get to kids.
22 That's where they spend the majority of their time.
23 And so this was a way where schools saw a benefit.

24 We tracked graduation rates and so there
25 was some improvement in graduation rates. Kids

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1 reporting -- you know, if they were reporting
2 having -- let's just say -- increased anxiety, we
3 tracked over the course of that. Like, did that
4 decrease. Family satisfaction surveys, et cetera.
5 So it had very positive outcomes.

6 Q And did you continue to be a proponent of
7 school-based mental health services from the time of
8 the grant to the time that you left DBHDD?

9 A Yes.

10 Q And had you been a proponent of
11 school-based mental services prior to the time of the
12 grant?

13 A Yes.

14 Q What was -- what was the original impetus
15 for you to become a proponent of school-based mental
16 health services?

17 A Because I worked in the children system
18 for so long, and children are mostly in school, and
19 so most referrals come from schools. Like, they
20 spend -- kids spend the most amount of time out of a
21 week at school. And so it's just a best practice to
22 work with schools to see if you can partner.

23 One of the challenges before the grant --
24 so you are allowed to go into the school as a
25 provider, but the school has to allow that. They

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1 have to want that. In many instances, schools did
2 not want that because they said it disrupted the day,
3 it disrupted the flow for the children. So many
4 schools did not quite enjoy having providers come
5 into the school.

6 And so the grant gave a way to provide
7 some incentive. They had funding to do some creative
8 things to get the buy-in. And so prior to even the
9 grant, trying to support kids where they were has
10 just always been a way to try to reach the
11 population.

12 Q So what were the incentives offered to
13 the schools to participate in the program?

14 A So free training. And so, like that was
15 a big deal, being able to provide training for their
16 staff on these topics. And not just for like
17 managing the behavior of kids, but self care and
18 stuff for teachers and administrators. So your
19 cafeteria workers, your bus -- I mean, so we were
20 very creative in who we were able to target.

21 Some schools that were all-in usually
22 were elementary schools. We were able to -- we had
23 funds to design play therapy rooms. And so they
24 would say, we have this space that we haven't been
25 using, and we were able to bring in not just the

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1 therapists, but create the atmosphere.

2 I mean, those are some examples. I -- it
3 was a long time ago, so those are the ones that just
4 stand out, but we had funding to do things that they
5 just weren't able to do before.

6 Q This was in the years 2005 to 2010?

7 A Whenever I worked at Cobb Douglas
8 Community Service Board.

9 Q Approximately?

10 A Yeah.

11 Q And you've referred to -- actually, I'm
12 going to ask you a different question.

13 What were the incentives to the CSBs to
14 participate in the program?

15 A So it -- well, a couple of things. So
16 when you had therapists that were, like I just said,
17 trying to go -- like if they had a case load and all
18 the kids, obviously, should be in school, they're
19 school-aged kids, it was easier to have it through
20 this program versus trying to schedule to get to
21 the -- to the -- you don't want to take kids out of
22 school and so you have problems scheduling.

23 And so you had higher no-show rates to
24 appointments. Oftentimes, a lot of the families in
25 the target population, there were other challenges

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1 going on with the family, as well. And so it just
2 was easier, I mean, just easier access. So for the
3 clinicians, they knew they had an audience that was
4 going to be there. The kids are going to be in the
5 school.

6 Q That was the incentive?

7 A That's an incentive.

8 Q Were there other incentives, as well, to
9 the CSBs to participate in the program?

10 A It helped cover some of the costs. And
11 so while there's already a mechanism to bill, you can
12 bill Medicaid in a school setting for therapy. So
13 that was already allowable, and thus incentivized for
14 providers to try to go into schools where that --
15 where schools will allow them to. But there's costs
16 that's not billable that go into the services.

17 Q What is the non-billable comp that went
18 into the school-based mental health services?

19 A You don't get paid to put together a play
20 therapy room. You don't get paid, per se, to do say
21 training for the staff. You don't get paid to do --
22 to buy the things that go into using the same play
23 therapy example. And then there's administrative
24 costs. There's meetings. There's -- we had to
25 develop processes, how you do referrals, who would

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1 review.

2 You can't bill for that time. The only
3 time you bill for is direct care. And so the
4 incentive is it now covers in a more whole way the
5 services.

6 Q So just so I'm sure the record reflects
7 what you're saying correctly.

8 Are you saying that the grant to Cobb
9 County Douglas provided financial incentive to the
10 CSB by paying for non-therapeutic time expended by
11 the professionals involved in serving the schools?

12 A That is one thing that it did, yes.

13 Q Was there any other financial
14 compensation to the CSB?

15 A Not that I can recall.

16 Q You've mentioned data tracking or you've
17 used the word tracking. What was being -- what was
18 tracked as part of the grant?

19 A What I said earlier. I don't remember
20 obviously every data point. We had a huge evaluation
21 component to the grant. So there was an independent
22 evaluator, which was required for the grant. We
23 collected a lot of different data points.

24 So I don't recall every single data
25 point, but we did have an evaluation component and an

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1 outside entity do evaluation.

2 Q And who was that outside entity? Was it
3 the Center for Excellence or some other entity?

4 A No. The Center for Excellence didn't
5 exist then. So you're still talking about Cobb or --

6 Q Yeah, no, we're still talking about Cobb
7 Douglas. We're going to move on shortly.

8 A Yeah, the Center for Excellence didn't
9 exist then. I remember the evaluator's name. I
10 can't recall where he was affiliated with. His name
11 was Jan Ligon, but I don't remember his -- the
12 company.

13 Q And did you -- you received those data
14 reports as the director of children and adolescents
15 at the CSB?

16 A The reports went to the grantee. The
17 grantee was Cobb County Schools. I had access to see
18 the evaluation reports through the relationship we
19 had with them, which was a formal MOU.

20 Q And what were the metrics?

21 A I do not recall.

22 Q Well, I think you've referred --

23 A I threw out some that I could just kind
24 of remember, but I don't -- it was a long time ago.
25 I don't remember every metric.

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1 We looked at satisfaction, consumer
2 satisfaction, teacher rating, surveys, family
3 satisfaction. We measured consumer change in
4 behavior. I said that in a broad way on purpose. We
5 had specific tools in which we use to monitor
6 progression, or not, of behaviors.

7 Q Was one of those tools office
8 disciplinary referrals?

9 A No, not for evaluation. I don't recall
10 that being one.

11 Q Well, let's move on, then, to your time
12 at DBHDD.

13 So when you joined DBHDD, you were
14 already a proponent of school-based mental health?

15 A Yes.

16 Q And did -- throughout your time at DBHDD,
17 did you work to institute school-based mental health?

18 A Yes.

19 Q Similar to what had been done in Cobb
20 Douglas?

21 A Yes.

22 Q And so how did you -- how did you work
23 towards -- how did you get the pilot program going?

24 MS. JOHNSON: Object to form.

25 THE WITNESS: We just did it. We

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1 knew what to do. We -- that's -- I mean,
2 that was kind of the reason why I brought
3 up the previous stuff. We already knew
4 what to do. We already had insight into
5 how to develop the programs and so it was
6 just a matter of introducing the concept
7 to DOE at the state level, because we had
8 been used to dealing with county, and
9 figuring out how could we collaborate.

10 The schools have their own
11 programs, and so how could we work
12 together to use this. So DBHDD had some
13 funding. We chose to do this work. We
14 didn't have to. We didn't have a mandate
15 to do this. And so we did the pilot. It
16 caught on and we are here.

17 BY MS. COHEN:

18 Q Did the funding come from a State
19 appropriation or from a grant?

20 A State appropriation. Like I said, the
21 pilot, we had surplus.

22 Q I see. So surplus funding was used?

23 A We had an opportunity to implement -- we
24 don't usually have opportunities to implement new
25 things. It is what it is, basically, is how it

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1 typically works.

2 But we had had a deficit in children's
3 services when I started. I ended the deficit. And
4 so we then had a surplus. So we chose some projects
5 that we wanted to try to pilot. That was one of the
6 programs.

7 Q Did -- who was the principal contact with
8 education from DBHDD at that time?

9 A So it would have been Matt, but we
10 partnered a lot in the beginning together, because he
11 was new.

12 Q Matt Yancey?

13 A Was new to DBHDD. Not new to State
14 government. He had been in public health, but then
15 came to DBHDD.

16 Q So the principal contacts were you and
17 Matt Yancey on the DBHDD side?

18 A Yes, fair enough. Primarily. It would
19 have been Matt, as a director, but I partnered with
20 him because we'd had the history, we knew how to work
21 together already. He was the project director for
22 the project we just talked about in Cobb.

23 Q And you were the office of children head?

24 A Yeah -- no. When Matt came, I was the
25 director for community mental health.

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1 Q Director for community mental health.

2 Thank you.

3 A So his office was under me.

4 Q And on the education side, who were the
5 contacts?

6 A I hon -- and this is -- I really have no
7 clue. I don't remember who we -- who was in place
8 then. They moved different -- it was different
9 people over time, and I can't recall the lady's name.
10 It was a woman.

11 We did some early work with Garry
12 McGiboney. He was an early partner. But there was a
13 woman and I just can't remember her name.

14 Q What was Mr. McGiboney's title at that
15 time?

16 A I don't -- he was higher up. I don't
17 remember his exact role in that moment in time.

18 Q Did he have a role in connection with
19 school climate or mental health?

20 A He definitely was in that space.

21 Q And subsequent to Dr. McGiboney, can you
22 remember anyone who was involved in setting up the
23 pilot on the education side?

24 A I honestly don't remember their names.
25 This is like, literally, maybe ten years ago. So I

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1 just don't recall the initial people's names.

2 Q Now, for the pilot, was there an
3 independent evaluator?

4 A No, not at that time. What we ended up
5 doing was having the Center of Excellence -- which I
6 also stood up -- the Center of Excellence, we engaged
7 them to eventually become the official evaluator of
8 the Apex program so we could track the metrics as it
9 started to grow.

10 Q How did it come to be that you stood up
11 the Center for Excellence?

12 A We had a Federal grant, and we got an
13 extension, and we had some money that we reallocated
14 in that grant, was approved to do. And through a
15 series of other system of care children's work, that
16 center made sense. Maryland had a similar model. I
17 had visited other states when I was the child and
18 adolescent director to look at best practices and
19 other places that I was interested in.

20 Maryland had a lot of things at the time
21 that we were interested in trying to mimic. And that
22 was one of the things, they had a center. And so we
23 wanted a dedicated Center of Excellence where we can
24 house system of care work, et cetera. So those were
25 the early vision.

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1 I approached the Health Policy Center at
2 Georgia State. We had conversations. They liked it.
3 We moved forward.

4 Q Understood. You mentioned, by the way,
5 that you had a best practices kit, that you and
6 Mr. Yancey used a best practices kit when you were
7 standing up the initial grant to Cobb Douglas?

8 A I did not say that we had a kit. I said
9 that we used best practices. But I don't remember
10 all that there were.

11 There was other things in that grant,
12 again, that was not just school-based mental health.
13 And so there were some like family training things.
14 There was a best practice model we used for that. I
15 don't remember the name of that program in this
16 moment. Because these were Federal grants, they
17 typically give you specific guidance around what type
18 of practices they want you to use.

19 Q I see. Was the granting agency the
20 Substance Abuse and Mental Health Services
21 Administration?

22 A The Department of Education.

23 Q The Department of Education.

24 A SAMHSA was a partner. Department of
25 Education was who the grant was from.

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1 Q Now, how did you reach out to the schools
2 that were included in the original program? How did
3 you select them?

4 A We didn't select schools. We provide --
5 you're talking about at DBHDD?

6 Q Yes.

7 A So DBHDD is funded to provide behavioral
8 health services like you talked about in the
9 beginning. So we give money to provider networks.
10 We don't give money to the schools.

11 So in the DBHDD Apex model, we give
12 funding to the provider and say, provider, go work
13 with the schools in your community or identify the
14 schools, but the money goes to the behavioral health
15 provider.

16 Q So how did it work in the Apex model
17 after 2000 -- after the initial pilot -- let me ask
18 you first, how is it funded?

19 A With State appropriations.

20 Q And was all of the funding for the Apex
21 program via State appropriation?

22 A As far as I can recall, it's 100 percent
23 State appropriations.

24 Q And what did the State appropriations
25 cover in the Apex program?

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1 A I mean, it covers what -- what's in these
2 deliverables. So --

3 Q You're referring --

4 A Like what's in the contract here.

5 Q -- to the contract at Page 202?

6 A Yeah. So, I mean, it covers what's in
7 the deliverables here.

8 Q There's an -- the beginning of the
9 Deliverables statement at Page 202 starts with a
10 description of the challenges and some of the
11 research?

12 A Uh-huh.

13 Q Is that common for the Deliverables page
14 of the DBHDD contract or is that unique?

15 A This is not a requirement of a
16 Deliverables section. So it's not -- it's not a
17 requirement.

18 Q Why was it put in here?

19 A I don't know, other than to set the
20 context of the work.

21 Q And it says that: The number of children
22 and youth with mental health challenges is simply
23 staggering.

24 Was that true when the program was
25 started?

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1 A To the best of my knowledge.

2 Q And is it true today in Georgia?

3 A Yes. I mean, this is a national issue,
4 but yes.

5 MS. COHEN: Let's take a brief
6 break. Go off the record.

7 THE VIDEOGRAPHER: The time is
8 11:32 a.m., and we are off the record.

9 (Brief pause.)

10 THE VIDEOGRAPHER: The time is
11 11:50 a.m., and we are back on the
12 record.

13 BY MS. COHEN:

14 Q So looking back at the Deliverables page
15 MG00202, Ms. Johnson, it says that: Mental health
16 concerns such as attention deficit/hyperactivity
17 disorder, anxiety, depression and family difficulties
18 are often the root causes of poor academic
19 performance, disciplinary matters and school absentee
20 and truancy.

21 Were you in agreement with that statement
22 at the time Apex program was rolled out?

23 A Yes.

24 Q And after six years of experience with
25 the Apex program, are you still in agreement?

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1 A Yes.

2 Q And the -- it's -- the Deliverables
3 section also says on the same page that the same
4 research shows that: Mental health interventions are
5 effective and can significantly improve academic
6 performances.

7 Is that -- are you in agreement with that
8 statement?

9 A Yes.

10 Q All right. Now, the next section says,
11 quote: While many schools in Georgia have school
12 psychologists, school social workers, and
13 professional counselors, there has been a national
14 trend to create a more comprehensive approach in
15 meeting the social, emotional and behavioral needs of
16 students.

17 My question is, prior to the Apex
18 program, other than the Cobb Douglas grant, were
19 there any other school-based mental health programs
20 in Georgia?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: The only one that I
23 was aware of, and I can't recall if they
24 were in a planning grant -- so that same
25 Safe Schools, Healthy Students grant, you

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1 could either get it as a planning grant
2 or you could get it as a full
3 implementation grant. And I believe that
4 Rockdale or Gwinnett, one of those, had a
5 similar grant, but I'm not 100 percent
6 sure about that, but I think there may
7 have been something there.

8 BY MS. COHEN:

9 Q Was the grant that you're referring to in
10 cooperation with what has come to be known as
11 Viewpoint CSB?

12 A Yeah, so Viewpoint -- yeah, so Viewpoint
13 Health would have been the provider, but again, I
14 can't recall if they had a planning grant, and I
15 don't recall if it was Rockdale County or Gwinnett.
16 I lean to Rockdale, but that's the best of my memory.

17 Q So apart from the two school-based mental
18 health services provided under the Safe Schools
19 grants, you're not aware of any other school-based
20 mental health services?

21 A So let me be clear that prior -- the
22 grant was one vehicle in where school-based mental
23 health services could be provided. There was nothing
24 that precluded a school from partnering with a
25 behavioral entity, professional, group of people to

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1 establish a model where they allowed clinicians to
2 come in to do different services.

3 That existed in many places and it could
4 look like parts of school-based mental health. The
5 grant just gave very structured approach to, you must
6 do these elements. But some of those elements that
7 are done in school-based mental health programs
8 already were -- could be activated and in many ways.

9 And in working at Cobb, we had those
10 relationships with the schools prior to the grant.
11 So I just want to be clear about that.

12 Q Are you familiar with the GNETS program?

13 A Yes. I'm familiar with it more with the
14 terminology of psychoeducational centers. That's
15 what I used to know it as when I worked in the
16 community. But I am familiar with the GNETS.

17 Q Have you been to a GNETS program?

18 A Yes.

19 Q Which one?

20 A In Cobb.

21 Q Any others?

22 A No.

23 Q When you talk about school-based mental
24 health programs, are you excluding GNETS programs?

25 A I see those as psychoeducational centers.

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1 That's how they were described. So I don't --

2 Q How is -- had you finished your answer?

3 A You go ahead.

4 Q How is a school-based mental health
5 program different from a psychoeducational center?

6 MS. JOHNSON: Object to form.

7 THE WITNESS: So I've never worked
8 in a psychoeducational center. I can
9 tell you my experience of what has been
10 communicated to me by a psychoeducational
11 center, which was those were places
12 for -- or alternative school placements
13 for kids who had significant behavioral
14 challenges that could not be managed in
15 the normal school setting or in their
16 home school setting. And so they would
17 go to the alternative school and, at the
18 alternative school, they would have
19 access to psychoeducational support.

20 So whatever that all included I
21 cannot speak to, because I never worked
22 in one.

23 BY MS. COHEN:

24 Q So you're not aware of what kind of
25 services were provided?

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1 A All I know is that when I worked at Cobb,
2 we approached the -- the psycho -- the GNETS program
3 that was closest to -- that was in the Cobb catchment
4 area. I think that the name of it at the time was
5 Hawthorne. I'm not sure. They could have changed
6 names.

7 But we approached them and had a meeting
8 with them when I was the child and adolescent
9 director to see about establishing partnerships, just
10 like we had done with any other school. So that
11 wasn't an unusual -- we were always talking to
12 schools about how we could partner. And so we went
13 to that school and we never were able to get traction
14 with them.

15 We had several meetings. I would say at
16 least three, maybe, meetings. Three to five probably
17 over time, to try to figure out how we could
18 collaborate. It seemed like the population of --
19 there would be a lot of kids that probably had
20 Medicaid, so they -- we could bill for the service.
21 It felt like a good collaboration. But, in the end,
22 they ultimately told us that it felt duplicative,
23 because they are a psychoeducational facility, in
24 that they provide therapeutic supports that sounded
25 similar to what we would offer. So it never -- so we

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1 never -- it never went anywhere.

2 It doesn't mean that somebody who left
3 there and went back to their home school made -- you
4 know, didn't pop back up in our system and we ended
5 up connecting with them at some point. But at far as
6 trying to establish connectivity, it seemed like
7 low-hanging fruit to us, but they felt like it was
8 duplicative, so it never went anywhere.

9 Q Now, so when you talk about school-based
10 mental health services, you're excluding
11 psychoeducational centers?

12 A I am --

13 MS. JOHNSON: Object to form.

14 THE WITNESS: Sorry. I am, mostly
15 because I know what school-based mental
16 health looks like. I know what the best
17 practice models are.

18 We have worked with like the guru
19 of school-based mental health for
20 technical assistance while we had that
21 grant. We've gone to several Federal
22 conferences, because you could with the
23 grant. And so I know what that model
24 should look like. I don't know what all
25 you got in a psychoeducational center.

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1 So I did not put them in the same
2 category.

3 BY MS. COHEN:

4 Q Who did you meet with at Hawthorne?

5 A We met with administrators.

6 Q Do you remember the names?

7 A No. Sorry.

8 Q What -- the deliverables contract says
9 there's a national trend toward a more comprehensive
10 approach, going back now to the school-based mental
11 health system.

12 A Uh-huh.

13 Q And what was the national trend?

14 MS. JOHNSON: Object to form.

15 BY MS. COHEN:

16 Q Or what was typical of the approach that
17 you saw as the national trend to a comprehensive
18 approach to social and emotional and behavioral needs
19 of students?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: So are you asking me
22 to describe the model?

23 BY MS. COHEN:

24 Q Yes.

25 A So the model, essentially, is taking the

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1 community continuum of services and pretty much
2 embedding it in the schools. So some of that
3 includes therapy. Some of that includes
4 consultation. Some of that includes training and
5 support and coordination with the other -- so you
6 have school psychologists, you have school
7 counselors, you have school social workers. Some
8 places have nurses. So it's about adding, like, to
9 that team and having a comprehensive way to address
10 students' needs.

11 So if a kid is in school and they have
12 a -- a nose bleed or a headache, there's a nurse that
13 typically responds. So wanting to make sure the same
14 level of response is available for the child that may
15 be having that, but also is having anxiety, also has
16 ADHD. So it's just really about having a
17 comprehensive way to approach children's emotional
18 wellness.

19 Mostly, for schools, it's to improve
20 graduation rates, is kind of the target for them, but
21 to eliminate issues that may arise when -- it's
22 important to know, for context purposes, that that
23 Safe Schools, Healthy Students grant came after -- it
24 was a part of the Clinton administration and it came
25 as a result of the Columbine shooting. So it was a

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1 way to start to address behavioral health issues,
2 mental health issues, school, climate. All -- it was
3 a whole bunch of things bundled into the services.

4 And so, yeah, I mean, that's the model
5 essentially.

6 Q I did not know that it came out of the
7 Columbine shooting.

8 A It was one of the responses of the
9 government at the time to start to address challenges
10 in schools.

11 Q So the elements of the approach that
12 you're talking about are -- a partnership with a
13 comprehensive community mental health organization is
14 one element?

15 A Is one element.

16 Q And in Georgia those are the CSBs?

17 A Yes.

18 Q And another element is to provide
19 services at the schools so that you can increase
20 attendance?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: So let me clarify the
23 previous statement I just made.

24 It can be a comprehensive provider,
25 which would be a CSB, but it's not

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1 limited to being a CSB. So other
2 provider types can be a part of a
3 school-based mental health program.

4 BY MS. COHEN:

5 Q Were there any other participants other
6 than CSBs in the Apex program?

7 A Yes.

8 Q Which were those?

9 A The one that -- the only one I can think
10 of right now goes by the name of Georgia Hope. They
11 have an official different name. I can't recall the
12 name, but we -- I know them as Georgia Hope. They're
13 an Apex provider.

14 Q So one element is a partnership with
15 comprehensive community mental health provider,
16 either --

17 A CSBs.

18 Q -- either a CSB or a Georgia Hope type.
19 Another element is the partnership with
20 the school?

21 A Correct.

22 Q And then is another element the
23 clinicians or therapists who provide the mental
24 health services are expected to spend time with the
25 school working on developing resources for the

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1 program?

2 A Yes.

3 Q And when we talked about it previously
4 you said that one example of services that are not
5 billable under Medicaid that might be provided
6 through Apex would be building out a play room -- a
7 play therapy room? Excuse me.

8 A Correct.

9 Q And was another aspect of participation
10 that would not be billed directly to Medicaid in such
11 a program be partnering with teachers to identify
12 students with behavioral needs?

13 A Correct.

14 Q And what types of -- and what types of
15 partnerships with teachers and clinicians were
16 developed under the Apex program?

17 A It could vary. I mean, this -- it's a
18 wide -- a wide amount of options there. It could
19 be -- an example could be you have Monica Johnson in
20 your classroom, I'm 12, and I come as an Apex worker,
21 case manager or therapist, and I come to observe to
22 see how Monica is interacting in that classroom to
23 help identify potential triggers.

24 No kid goes in crisis from zero to 100
25 for real like that. There is usually something that

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1 is happening. So helping the teacher to identify the
2 triggers, helping to identify maybe it's too much
3 stimulus. Helping to identify some things that maybe
4 could be different that the teachers doesn't have the
5 expertise to pick up on. So that's an example of a
6 consultative kind of role. That's not really a
7 billable activity because it's not a direct treatment
8 service for the child or the family.

9 So that's an example, but it can be a lot
10 of different things.

11 Q Do you believe that kind of consultative
12 services is helpful in reducing mental health
13 problems in school?

14 A No. I think that that type of service is
15 helpful in reducing escalating situations that may
16 happen with a child that may be experiencing some
17 emotional distress.

18 Q Thank you. And do you believe that the
19 school-based mental health partnership played a role
20 in alleviating those kinds of behavioral problems
21 resulting from emotional distress?

22 A Yes.

23 Q Okay. And is another component of the
24 Apex program to provide school-based mental health
25 services year round?

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1 A Yes.

2 Q And that includes summers and vacations?

3 A Yes.

4 Q Why is that important?

5 A Because you can't just cut off a kid or a
6 family that's receiving support and services because
7 school is over, and so it's important to stay
8 connected throughout the summer and breaks. I mean,
9 that would be that helpful for that child or family.

10 Now, some -- obviously, families may take
11 vacations, may -- you can opt out and say, we're
12 good, or decrease the interactions. That's a normal
13 thing that could happen. But to completely disengage
14 would not be necessarily the case.

15 And there's room to be creative and so,
16 in the summers, if you notice that there is lesser
17 participation, you can do therapeutic camps. Like
18 there are other things that you can do to supplement
19 some of that off or down time, which has been done.
20 I've seen that happen before.

21 Q So the requirement of the Apex
22 deliverables is that services be provided during
23 summers and vacations?

24 A Yes, as -- unless somebody tricked me and
25 I don't know about it, that's the answer.

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1 Q That's what you intended?

2 A Yes.

3 Q And the community mental health providers
4 would see children even when they're suspended from
5 school?

6 A Yes.

7 Q And why is that important?

8 A It's the same thing as if a child has --
9 is diabetic and they still need to see their regular
10 doctor. So they need to continue. It's still a form
11 of Healthcare, and so they still would need, based on
12 their treatment plan, the same interventions.

13 Q Does it also include wrap-around
14 services, such as family support?

15 A Yes.

16 Q What are wrap-around services?

17 A Well, there's different levels of
18 wrap-around services. Generally speaking, at the
19 baseline, it's whatever additional ancillary supports
20 are needed in addition to people who just tend to
21 think about therapy services.

22 So there could be peer support services.
23 It could be nontraditional supports. You may have a
24 church group that you participate in. So it's not
25 necessarily all clinical type services, but there are

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1 therapeutic interventions. And so it's designed
2 based on your specific needs and the family's -- the
3 family's desires. So I'll use the church one for
4 example. If the family is connected to like a pastor
5 and there's -- and they want the pastor involved in
6 part of this support plan, then the pastor may play a
7 role in the wrap plan.

8 It's really just designed to be
9 person-centered based on what we feel like could be
10 wrapped around you to help support you based on the
11 challenges you are presented with and the supports
12 that are available. And most -- and that should be
13 driven by the parent and the child.

14 Q Why -- why don't didn't DBHDD believe
15 that those supports were already present with
16 school -- school mental health professionals such as
17 guidance counselors, et cetera?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: I don't recall saying
20 that we did not believe that those aren't
21 available. What I said earlier is that
22 those type of services can be done in --
23 you don't have to have Apex or
24 school-based mental health to do that.
25 There are school social workers that do

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1 work.

2 What we have found, from my
3 experience in working with schools, is
4 that school social workers would often
5 say they don't have the capacity. Like
6 they're dealing with disciplinary issues,
7 truancy issues, that they don't have the
8 time to do therapy. That's not typically
9 what they are charged with.

10 School counselors will say they are
11 focused on or what they are mandated to
12 do is drive towards graduation. And so
13 it's about academic support and
14 performance. So school psychologists
15 will say they are there to do testing.
16 They are not there to do therapy. So
17 it's -- it's meant to complement what
18 happens.

19 It doesn't mean that a school
20 social worker or a school counselor is
21 not providing therapeutic supports,
22 because they are also doing that, but
23 they will cite capacity issues, in my
24 experience.

25

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1 BY MS. COHEN:

2 Q Do school -- so you think it's an issue
3 of bandwidth on the part of --

4 A I think -- so I don't work in the
5 department Of Education and have not worked in the
6 school. Based on my interactions with the schools,
7 that is what I have seen and that is what has been
8 cited to me. Capacity, bandwidth, different goals.
9 School systems have specific goals, they have metrics
10 they are trying to meet and so they have their
11 charge. And so I think all of that plays a role.

12 Q So is it fair to say that the Apex
13 program was intended to support creation of statewide
14 infrastructure for school-based mental health?

15 MS. JOHNSON: Object to form.

16 THE WITNESS: It started as a pilot
17 and so we did not know if it would even
18 go beyond a pilot at the time. So the
19 original thinking behind it was, let's
20 get a pilot, let's see if we can
21 demonstrate outcomes and see if we can
22 get funding actually allocated for this.

23 We were using funding, again, that
24 was for -- that was just extra funds. I
25 hate to say it that way, but just extra

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1 funds that we needed to use. And we were
2 able to demonstrate that there -- people
3 liked it and schools were starting to buy
4 in, and we eventually were able to get
5 actual appropriations from the
6 legislature.

7 BY MS. COHEN:

8 Q I can't imagine that it was an easy
9 process.

10 A Nothing is easy there.

11 Q I'm referring back to Page 202. The last
12 paragraph states, quote: Through partnership with
13 the Department of Behavioral Health and Developmental
14 Disabilities' approved Tier I and Tier II community
15 health providers, DBHDD aims to support the creation
16 of statewide infrastructure for school-based mental
17 health programming.

18 Is that correct?

19 A Yes.

20 Q Now, the goals of the program also stated
21 in the Deliverables annex include, first, early
22 detection of children and adolescent mental health
23 needs.

24 A What page are you looking at?

25 Q I'm looking at Page 203 now.

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1 Do you see the three bullets at the top
2 of page 203?

3 A Yes, I'm there.

4 Q Do those describe the goals of the Apex
5 program?

6 A To the best of my knowledge. I don't
7 walk around today remembering the goals, so this
8 looks accurate from what I can recall.

9 Q How is the Apex program intended to
10 provide for early detection of children and
11 adolescent mental health needs?

12 A If you have clinicians that have the
13 expertise -- hence the requirement for the licensure,
14 et cetera -- working with teachers doing
15 consultation, identifying behaviors earlier versus
16 when the behaviors have been going on for years, the
17 child is now in constantly in crisis, people just
18 only are looking at the acting out. It's way down
19 the road. That doesn't happen over night.

20 Hence why the majority of the Apex
21 programs in the schools that jump in are usually
22 elementary school, which is actually the best -- out
23 of all, middle -- elementary, middle and high school,
24 the best time to intervene is obviously elementary.
25 So there usually were -- I don't know the numbers,

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1 but in my recollection and in my direct experience
2 doing it in the community, elementary schools were
3 the ones that were the easiest to convince. And so,
4 I mean, the data is clear that earlier intervention
5 will obviously have a better impact versus later
6 detection.

7 Q I'm just getting a little advice from my
8 copilot.

9 Did you think that these goals were
10 attainable through the Apex program?

11 A Yes.

12 Q Were you concerned that they weren't
13 attainable without the Apex program or a program like
14 Apex?

15 A I don't understand your question. Can
16 you say it again? I'm sorry.

17 Q Yeah. Were you concerned that, in the
18 absence of the school-based mental health program
19 such as Apex, the -- these goals might not be
20 attainable, that all students -- that there would be
21 early detection?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: No, I didn't have
24 that concern.
25

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1 BY MS. COHEN:

2 Q Maybe my question is not clear. Let me
3 ask it differently.

4 Do you have any success stories of early
5 detection of mental health problems in the schools
6 through the Apex program?

7 A I don't recall any success stories off
8 the top of my head, but the data is very clear. The
9 evidence out there. I mean, you can Google this, it
10 will come up. The earlier you intervene, obviously
11 the better the outcomes will be.

12 I -- I can't think of a specific story in
13 this moment, but -- yeah. That's all I've got.

14 Q Now, I just want to touch for a minute on
15 the financial structure of the Apex program.

16 Did that come out of the experience that
17 you and Mr. Yancey had in the Cobb Douglas grant?

18 A Mostly, yes.

19 Q And the way it worked -- the program was
20 intended to work is that providers were expected to
21 bill Medicaid or public insurance or private
22 insurance to the full extent that they could?

23 A Yes.

24 Q And then a certain amount of money was
25 provided to build infrastructure for school-based

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1 services?

2 A Yes.

3 Q And the certain amount of money was
4 roughly between 200 and \$300,000 per provider?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: I don't recall the
7 exact dollar amounts of the contracts.

8 BY MS. COHEN:

9 Q Approximately?

10 MS. JOHNSON: Object to form.

11 THE WITNESS: I don't recall.

12 BY MS. COHEN:

13 Q What is the dollar amount in the contract
14 in front of you?

15 A My pages are out of order, so you'll have
16 to give me a second.

17 Q Yeah. I think if you look at Page 181,
18 you'll see it. It might be the page with the sticker
19 on it.

20 A There you go. This contract is \$305,942.

21 Q And that money was intended to be used
22 for -- to build the infrastructure for non-billable
23 services?

24 A Yes. And it sometimes covered when there
25 was -- so, yes, but sometimes we don't know that a

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1 child may have a certain insurance. And so they may
2 look like they don't have coverage to us, because we
3 don't -- they may have Aetna and that's not known.
4 But, yes, it is intended to cover what you just
5 described.

6 Q So the -- the \$305,000 was intended to
7 cover infrastructure, but also it might pay for
8 individuals who receive Medicaid type services but
9 didn't, in fact, have public insurance?

10 A Yeah, that's an unintended consequence.
11 That's not what we want. But then at the same time,
12 we also don't want a child that is in a school that
13 is in need of help and somebody's there to provide
14 the help, to not provide it. But it's a -- it's just
15 an unintended consequence that is a possible thing
16 that could happen.

17 Q Now, as the director of the division of
18 behavioral health, you put in place the policy
19 relating to evidence-based practices?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: Are you referencing a
22 certain policy?

23 BY MS. COHEN:

24 Q A standard.

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: So there are --
2 unrelated to Apex, there are performance
3 measures for our provider network. And
4 at a point in time, one of the metrics --
5 I don't know if it's still there or
6 not -- but one of the metrics was that
7 providers must offer evidence-based
8 practices.

9 BY MS. COHEN:

10 Q And that was something that you put in
11 place?

12 A As part of the time that I was there, I
13 developed some performance metrics, and one of them
14 was having evidence-based practices. This was not
15 specific to Apex, but about any outpatient bundle of
16 services. Yes, I was responsible for that.

17 Q What are evidence-based practices?

18 A They're approaches to treatment that have
19 been tested to prove to be effective. And so the --
20 if you follow this particular model, you learn it,
21 you give fidelity to it, you implement it. And if
22 you follow it to the fidelity of the model, then you
23 are expected to get a certain set of outcomes.

24 Q And why were you a proponent of
25 evidence-based practices?

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1 A Because I'm a clinician and it's what
2 you're supposed to do. You should use treatment
3 approaches and interventions that have some efficacy
4 so that people get better.

5 Q So what you're saying is evidence-based
6 practices have been established to have some
7 efficacy?

8 A Correct.

9 Q And that efficacy has been replicated
10 across settings?

11 A Correct.

12 Q And that is the best practices as far as
13 you're concerned?

14 A Correct.

15 Q So I -- I just want to focus for one --
16 very briefly on the payment for children who are
17 uninsured, because I've heard that it's a problem
18 within the system because families may not know that
19 a form of insurance has been terminated or families
20 find themselves without insurance or have to switch
21 providers for reasons beyond their control and a
22 child may lose access to services; is that your
23 understanding?

24 A The percentage of children in this state
25 that are uninsured is low. The kids who typically

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1 are uninsured are undocumented youth and youth who
2 have dropped. So they're eligible, but they don't --
3 they're not covered.

4 Q What does that mean, youths who have been
5 dropped?

6 A So their -- the premium to renew the
7 insurance may not have been paid by the parent, and
8 so the youth is actually eligible for insurance, they
9 meet the criteria, but they don't have it. So that
10 is the bulk of kids who end up uninsured. So they're
11 uninsured for a period of time.

12 So that they only be uninsured, for
13 example, for 90 days and then they go back to either
14 the insurance they had or a different insurance.
15 Mostly this happens because of managed care Medicaid,
16 and most kids in the state, other than private
17 insurers, aren't covered under managed care Medicaid.

18 Q What percentage are covered?

19 A I don't know the percentage as of today.

20 Q What happens in the Apex system to kids
21 who lose their eligibility or are dropped from their
22 eligibility, as you say?

23 MS. JOHNSON: Object to form.

24 THE WITNESS: So several -- a
25 couple things could happen. One, that

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1 may not be known right away. So it
2 depends on how long it took for that to
3 be known. But the provider would work
4 with the family to reinstate the
5 insurance.

6 The insurance is not just important
7 for their behavioral health. The
8 insurance is important for their medical,
9 dental, vision. So they -- and that is a
10 requirement that we have, that providers
11 work with uninsured individuals, adults,
12 kids, to help put -- get them covered.

13 There's a policy in DBHDD somewhere
14 that speaks to this, about uninsured kids
15 and the process to get them and work with
16 them and the expectation.

17 BY MS. COHEN:

18 Q Was there any aspect of the Apex program
19 that provided -- that eased this problem or
20 facilitated kids remaining covered?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: I can't speak to how
23 many people this impacted in the program
24 and -- so I can't really give the
25 concrete, this many people had that issue

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1 and Apex helped to do X, Y, Z related to
2 it.

3 BY MS. COHEN:

4 Q Without referring to the number of kids
5 or specific circumstances, it was the intent of the
6 Apex program to provide continuing services to
7 children, regardless of coverage issues such as being
8 dropped?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: Correct, mostly
11 because, though, DBHDD acts as a safety
12 net for individuals that are uninsured.

13 BY MS. COHEN:

14 Q And the providers were required to
15 provide a core benefit package as part of the
16 standards of DBHDD that you signed?

17 A Correct.

18 Q And for children and adolescents, the
19 core package includes behavioral health assessments?

20 A Yes.

21 Q Service plan development?

22 A Uh-huh.

23 Q What is a behavioral health assessment?

24 A It's an interview, basically. It's A
25 clinical interview to assess for what the presenting

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1 issues are, gather the family history information,
2 information about the child, that includes school
3 information, living situation, clinical impression.

4 Q And what is a service plan?

5 A It's basically a treatment plan. So here
6 are the identified treatment issues and here is the
7 approach or the interventions that we're going to use
8 or request to use.

9 Q And did it also cover psychological
10 testing?

11 A No. That's a separate independent
12 service. It's not a required service. It's
13 actually -- it's not required for core providers to
14 do, but it's -- it's optional.

15 Q It's a service that may be reimbursed if
16 a provider does it?

17 A Yeah, if the --

18 Q But it's not required to be provided as
19 part of the core package --

20 A No.

21 Q -- of comprehensive services?

22 A So there's a nuance there. So it is a --
23 what you're looking at, I think, is the list of core
24 services that are to be provided. Psychological
25 testing it a service that we allow core providers to

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1 contract out.

2 Q I see. Understood. And does it also
3 include diagnostic assessment?

4 A Yes.

5 Q Is that part of the core package or is
6 that a service that's allowed to be contracted out?

7 A It's a part of the core.

8 Q And it includes crisis intervention?

9 A Yes.

10 Q And individual outpatient services?

11 A Correct.

12 Q Case management?

13 A Yes.

14 Q And group outpatient services?

15 A Correct.

16 Q Family outpatient services?

17 A Correct.

18 Q And the CSB provides that under the Apex
19 partnership in the -- in a school-based mental health
20 services?

21 A They provide whatever is clinically
22 appropriate from that list for the individuals they
23 are treating.

24 Q Now, are you familiar with the term
25 functional behavioral assessment, FBA?

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1 A I'm not sure how it's being referenced
2 here, so no.

3 Q There is coverage in the DBHDD manual for
4 functional behavioral assessments in limited
5 contexts. Are you aware of that?

6 A I'd have to look at -- no, not off the
7 top of my head. I'm not sure what that is
8 referencing.

9 Q Does it refresh your recollection if I
10 tell you that functional behavioral assessments are
11 covered under the manual for individuals in
12 psychiatric residential treatment facilities?

13 A I don't want to speculate. It could just
14 be the -- there are certain tools that we -- DBHDD
15 would require for -- to identify level of care of
16 where individuals -- what level of care was the
17 appropriate intervention.

18 Q What do you mean by level of care?

19 A So like a psychiatric residential
20 facility is a certain level of care that is on the
21 intensive side. The core services, any of those
22 services that you just referenced from the paper
23 you're looking at is a lower level of care. So it's
24 intensity, it's acuity. And so there are tools that
25 are specifically used to determine the individual's

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1 acuity, and then there should be correlation to the
2 service that they are then getting.

3 If that is the context in which that
4 functional assessment term is being used, it could be
5 that, but I'm just not clear in this moment without
6 seeing the context of the provider manual in which
7 it's referenced.

8 Q And the provider manual also sets forth
9 the licensing and certification requirements for the
10 professionals?

11 A Correct.

12 Q And it says whether it's an associate
13 level or a master's level that must -- license must
14 be held by the clinician in order to provide the
15 services?

16 A Correct.

17 Q And another aspect of the Apex program is
18 periodic reporting; isn't that right?

19 A Yes.

20 Q And was that something that you felt was
21 appropriate to be a component of the Apex system
22 based on your experience at Cobb Douglas?

23 A Yes. You have to be able to gather data
24 and information about how the program is going.

25 Q Why is that important?

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1 A Because we get State appropriations for
2 it and you need to demonstrate that it is having
3 positive outcomes.

4 Q Does it also provide a helpful measure of
5 reliability for the State agency, the reliability of
6 the program?

7 MS. JOHNSON: Object to form.

8 THE WITNESS: It help us provide
9 oversight and know where we may need to
10 make adjustments, where we may need to
11 change funding levels, as examples.

12 BY MS. COHEN:

13 Q Now, Georgia is a state that has a System
14 of Care statute; isn't that correct?

15 A Yes.

16 Q What is a system of Care?

17 A System of Care is a philosophy that
18 basically, at its core, says that a system -- so
19 rather that's mental health, education, public
20 health, justice system, courts -- like, the system
21 should be working in collaboration to address the
22 needs of youth and families. It's targeted mostly
23 towards youth with serious emotional disturbances.

24 And at the core of the philosophy is that
25 it is driven by person-centric measures, meaning that

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1 the family drives --

2 Q Let's -- we're getting too big --

3 A Oh.

4 Q The reason I'm going to interrupt you is
5 just the gulp is too big.

6 A Okay.

7 Q So let me ask you what person-centered
8 is.

9 A That you, for example, drive --

10 Q Frances Cohen.

11 A Yes.

12 -- drive what you want your care to be.

13 So you have a voice, you are -- this is what I feel
14 like would help me. And so it's not a cookie cutter
15 approach. It's based on very specific things about
16 what you want to achieve, what your goals are,
17 coupled with therapeutic interventions that seem
18 appropriate based on your presentation.

19 Q Are you a proponent of a person-centered
20 approach?

21 A Yes.

22 Q Why?

23 A Because nobody knows you better than
24 yourself. Nobody knows what would help you feel
25 better than you. And it doesn't matter if you are a

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1 kid, you know that too best. Parents know their kids
2 best, and so their voices should drive the treatment
3 that their kid and their family is going to receive.

4 Q So we talked about the person-centered
5 concept. Is there also a family-centered concept?
6 What is that?

7 A I see it as the same. I don't see them
8 as different.

9 Q But I think you described the System of
10 Care as a philosophy. And just so that the record is
11 clear, a -- the System of Care is something that is
12 required of State -- certain State agencies by
13 Georgia statute?

14 MS. JOHNSON: Object to form.

15 THE WITNESS: Yes, but it is a
16 national model. It was not something
17 just here in Georgia, but, yes.

18 BY MS. COHEN:

19 Q And, in fact, SAMHSA requires that a
20 state have a System of Care as a condition of its
21 grants?

22 A No, not really. We -- DBHDD was the
23 recipient of several SAMHSA System of Care grants
24 over the last few decades. So with those grants,
25 then yes.

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1 Q You have a System of Care?

2 A We do. That's a part of the COE, the
3 Center of Excellence. That was a big driver of why
4 that was stood up. That's why the IDT exists. I
5 don't know it if you've heard of IDT yet.

6 Q We're talking about a lot of morsels, so
7 let's go back and put them in context.

8 A Uh-huh.

9 Q So a Systems of Care is required by
10 Georgia statute?

11 MS. JOHNSON: Object to form.

12 THE WITNESS: Yes, still.

13 BY MS. COHEN:

14 Q And it relates to the provision of mental
15 health services for children with serious emotional
16 disorders?

17 A Yes.

18 Q And what -- and an element of the System
19 of Care program that you already described is a
20 child-centered or family-centered approach?

21 A Correct.

22 Q And another aspect of it is, the children
23 who have these serious emotional disorders often need
24 the services from more than one agency?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: Not necessarily.

2 BY MS. COHEN:

3 Q Sometimes require the services of more
4 than one agency?

5 A Yes.

6 MS. JOHNSON: Object to form.

7 BY MS. COHEN:

8 Q And can you give me an example of
9 agencies that might be involved in the provision of
10 services to children with serious emotional
11 disturbances?

12 A Child welfare, behavioral health
13 provider, schools, juvenile justice.

14 Q The Department of Education?

15 A Uh-huh.

16 Q And is it a component of the System of
17 Care that these agencies collaborate with each other
18 in order to provide the best and most complete
19 services?

20 A Yes.

21 MS. JOHNSON: Object to form.

22 BY MS. COHEN:

23 Q To children with serious emotional
24 disturbances?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: Yes.

2 BY MS. COHEN:

3 Q And what is the largest grant -- SAMHSA
4 grant that the Department of Behavioral Health held
5 when you were there?

6 A I don't recall.

7 Q With regard to the provision of mental
8 health services for children?

9 A I don't recall.

10 Q Was it the Community Mental Health Block
11 Grant?

12 A That is very likely.

13 Q And that was a grant for which DBHDD
14 wrote an application at the time that you were the
15 director of the behavioral health division?

16 A Block grants are not discretionary
17 grants. But yes, while I was there, many times we
18 wrote for the block grant process.

19 Q When you say a block grant is not a
20 discretionary grant, do you mean that the Federal
21 government has established funding for each state to
22 hold a block grant?

23 A Yes.

24 Q Even though it's not discretionary in
25 that sense, the state is required to -- to -- to go

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1 through the application process?

2 A Yes.

3 Q And Georgia went through that process
4 under your direction?

5 A Yes.

6 Q And the direction of Commissioner
7 Fitzgerald?

8 A Yes, and previous commissioners.

9 Q And previous commissioners. And one
10 aspect of the Georgia system that is described in the
11 application for a Community Mental Health Block Grant
12 is the Systems of Care, right?

13 A Yes.

14 Q And the message -- the -- sorry.
15 The Georgia experience is that the
16 Department Of Behavioral Health and Developmental
17 Disabilities is -- takes the lead in the development
18 of the System of Care?

19 MS. JOHNSON: Object to form.

20 THE WITNESS: Yes.

21 BY MS. COHEN:

22 Q And it is required to prepare a System of
23 Care plan with the collaboration of the Department of
24 Education?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: Yes.

2 BY MS. COHEN:

3 Q And that is the legislature recognition
4 that both the Department of Education and DBHDD are
5 likely to be involved in providing services to
6 children with serious emotional disturbances?

7 MS. JOHNSON: Object to form.

8 THE WITNESS: I don't know what the
9 original intent was.

10 BY MS. COHEN:

11 Q Both of those agencies are, however, in
12 your view, likely to be involved in the provision of
13 services to such children?

14 MS. JOHNSON: Object to form.

15 THE WITNESS: Correct.

16 BY MS. COHEN:

17 Q What is -- is the -- how frequently is it
18 required that a System of Care plan be developed?

19 MS. JOHNSON: Object to form.

20 THE WITNESS: I don't remember.

21 BY MS. COHEN:

22 Q Under your direction as the director of
23 the division of behavioral health services, how
24 frequently was the System of Care plan developed with
25 --

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1 A As best as I can recall, I think three
2 completed versions.

3 Q One of those was the 2017 version?

4 A I don't remember the date of the last
5 one, but there was a more recent one that was done in
6 the last few years.

7 Q Do you recall that one was done in 2017?

8 A No. I don't recall what year it was done
9 in.

10 Q Let me put in front of you what is
11 identified on its face as the Georgia System of Care
12 Plan for 2017, and we'll mark this as 945.

13 (Plaintiff's (Johnson) Deposition
14 Exhibit No. 945 was marked for the
15 record.)

16 MS. JOHNSON: And there's only the
17 one copy.

18 MS. COHEN: I think it's also
19 available on the internet.

20 BY MS. COHEN:

21 Q Are you familiar with this document,
22 Ms. Johnson?

23 A Mostly.

24 Q It was created under your supervision?

25 A I don't remember. Let me look.

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1 Yes, my name is on here. So, to be
2 clear, not under my supervision, but in collaboration
3 with. So this was done under the Center of
4 Excellence. We made this activity be one of the
5 deliverables that the Center of Excellence would do.

6 And so I want to be clear that, while
7 DBHDD contracted with the Center of Excellence, that
8 this collaborative -- so it's on Page 4 of the work
9 group members -- were involved in pulling together
10 this plan.

11 Q This plan was pulled together on behalf
12 of DBHDD, correct?

13 MS. JOHNSON: Object to form.

14 THE WITNESS: The plan was put
15 together on behalf of the Georgia System
16 of Care. This was a deliverable that
17 DBHDD put into the Center of Excellence
18 contract, to pull the system together to
19 work on the plan.

20 BY MS. COHEN:

21 Q And what other agencies were involved in
22 the promulgation of the System of Care plan?

23 A So according to Page 3, the Department of
24 Community Health; DBHDD; DeKalb, which is the
25 Department of Early Care and Learning; Department of

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1 Education; Department of Human Services, specifically
2 the Division of Family and Children Services;
3 Department of Juvenile Justice; Department of Public
4 Health; Georgia Vocational --

5 Q Slow down a little bit.

6 A I'm sorry. Georgia Vocational Rehab
7 Agency.

8 Q And --

9 A And a list of additional partner
10 organizations. Do you want me to cite them all?

11 Q No, no, that's fine. I think the page
12 you're reading from is the IDT member organizations?

13 A Correct.

14 Q What does IDT refer to?

15 A Interagency directors team.

16 Q And what is the interagency directors
17 team?

18 A It's a System of Care collaborative State
19 entity I also developed.

20 Q You developed that?

21 A Yes. It was developed in order to bring
22 together State agencies to focus on system issues
23 related to children's mental health.

24 Q Like can you give me an example of a
25 system issue?

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1 A So it was really -- okay. So at the
2 local levels, there's something called LIPT. What
3 that stands for is local interagency planning teams.
4 Those teams are in the community to provide
5 wrap-around support, essentially, using the System of
6 Care model for kids that are identified in the
7 communities of needing support.

8 Q So how does a kid get to an LIPT?

9 A Can I finish so I don't lose the thought?

10 Q Yeah, sorry. I didn't mean to interrupt
11 you.

12 A So an example would be that there is a
13 policy or a funding issue that the LIPT has
14 identified. They could raise that to this
15 collaborative and, at the State level, we can
16 identify, oh, that's your policy, DBHDD, that doesn't
17 allow this to happen and the community has found that
18 to be a barrier to children getting access to X, Y,
19 Z. I made that up, but that's an example of things
20 that we would look at.

21 Ultimately, the committee was charged
22 with looking at issues across the system and figuring
23 out ways to improve access for children across the
24 System of Care.

25 Q You're referring to the interagency

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1 directors team?

2 A Yes.

3 Q And why did you see a need for that?

4 A Because we needed a System of Care at a
5 state level that was looking at children's issues in
6 a more proactive way, not just reacting in our
7 individual silos. I came from a community, so I came
8 from working in community settings where I was used
9 to working with these same entities at local levels.
10 And so you've got to have leadership at the state
11 level to influence what happens in the local levels.

12 So it is an important cornerstone to a
13 good System of Care and so it was necessary. We
14 learned that through a grant process also, a SAMHSA
15 grant.

16 Q What grant was that?

17 A It was a SAMHSA System of Care grant. It
18 had ended, and one of the recommendations out of that
19 grant -- this is when I first came to DBHDD. One of
20 the recommendations was to establish, you know, a
21 collaborative at this level. And so the grant went
22 away and so did the recommendation, and so I brought
23 it back. Came -- I just came to the department and
24 just reached out to the partners. It wasn't this
25 long of a list at the time. But just reached out and

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1 said, hey, do you all want to do this, and they said
2 yes.

3 Q Everybody said yes?

4 A Everybody said yes.

5 Q What -- and what year was that?

6 A What year did we say I came?

7 Q I had --

8 A So 12 years ago. It was during my
9 tenure.

10 Q I have 2009 in my notes.

11 A So it was my tenure -- it was in that
12 nine months of me being the child and adolescent
13 mental health director.

14 Q You established the --

15 A The IDT during that time.

16 Q -- IDT.

17 And what would have been some of the
18 accomplishments of the IDT with respect to child and
19 adolescent mental health services when you were at
20 DBHDD?

21 A Improved communication, collaboration
22 across entities. Getting people to just talk about
23 their systems and understanding the language. We
24 were able to address some very specific things. The
25 one thing that came out that I guess I was most proud

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1 of, we had partnered with the CDC. They had data --

2 Q With the --

3 A CDC? Centers for Disease Control.

4 They had data -- they approached us. And
5 they had data related to children and ADHD. And so
6 they had data and was like, we don't know what to do
7 with the data, essentially, we'd like to partner with
8 you all. So we did.

9 Q So how did you help -- how was the IDT
10 involved in partnering on the ADHD data with the CDC?

11 A So we worked together, collaboratively,
12 to come up with a work plan and how we can use the
13 data to inform some trainings. And so we targeted
14 pediatricians and provided training that was informed
15 by the data that we were getting from the CDC.

16 We ended up publishing like a paper that
17 was published later in a -- I'm trying to remember
18 what the name of the --

19 Q Are you one of the authors of the paper?

20 A I'm referenced in it.

21 So that was a good outcome and it led
22 to -- we were trying to improve competency in the
23 network around -- one of the most common issues,
24 behavioral health issues children have is ADHD. And
25 so we were trying to improve competency and improve

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1 intervention and disseminate best practices. So that
2 was a success that would have happened as a result of
3 that.

4 There were many things that have come out
5 of IDT. I chaired it for the first three years. But
6 one of the cool things about it is that it rotate --
7 it's required to rotate chairs so that different
8 agencies have an opportunity to make sure that their
9 priorities are put forward that year.

10 Q Have there been other chairs from DBHDD
11 other than you?

12 A Dante McKay has been a chair.

13 Q Anyone else?

14 A Not that I can recall.

15 Q Now looking at the 2017 System of Care,
16 was this the first System of Care plan that you
17 worked on?

18 A I don't think so.

19 Q Do you recall one in 2010?

20 A Well, when I came to the department,
21 there was one that had been done but it wasn't
22 complete. And I picked it up. I can't -- I don't
23 remember if it -- I don't remember. I can't recall
24 what happened with that one. But there was one that
25 had been started.

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1 It was a part of the -- that grant I
2 talked about, the System of Care grant. I think that
3 was helping to support it. Because these aren't easy
4 to -- like, you have to have resources to do these
5 type of reports.

6 Q I'm not surprised. It's -- how many
7 pages is it?

8 A Yeah.

9 Q It's 65 pages with appendices.

10 A So you have to the resource to do this.
11 And what I recall, to the best of my knowledge, is
12 that it had been started because there were grant
13 resources, but it was not a complete document. And
14 so part of the work that we wanted to do moving
15 forward was to get a better plan in place, that was
16 more current, also. And we -- and we did that.

17 Q And this is the plan?

18 A Yeah.

19 Q Exhibit 945?

20 A Which you can also put down as a -- what
21 came out of kind of IDT stuff.

22 Q Another product. And looking at Page 7
23 that is the Executive Summary. Did you have a hand
24 in writing this?

25 A I don't recall.

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1 Q It says Children, adolescents -- I'm
2 reading now from the third full paragraph on Page 7.
3 It says: Children, adolescents and emerging adults
4 ages four to 26 with severe emotional disturbance are
5 the focus of the 2017 Georgia SOC State Plan, as they
6 are a prevalent, vulnerable population that requires
7 an SOC approach to service and support delivery to
8 truly function and thrive.

9 Do you agree with that statement?

10 A Yes.

11 Q And I asked you previously whether it
12 required a System of Care -- whether it required
13 collaboration between agencies to serve students with
14 severe emotional disturbances, and I believe you said
15 sometimes.

16 A Correct.

17 Q And one of the areas of focus for the
18 System of Care plan was increasing access to mental
19 health services?

20 A That would be correct.

21 Q And how is that done?

22 A What's referenced in the plan?

23 Q Uh-huh.

24 A I don't know. I'd have to look at what's
25 in here.

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1 Q Well, let me help you out. There are --
2 there's guidance in the plan, right, with regard to
3 access?

4 A What page are you looking at?

5 Q I am looking -- well, on Page 2 in the
6 Executive Summary. I'm sorry Page 8 of the plan. It
7 says that: Access to an array of community-based
8 services it supports is a core component of any
9 functional behavioral healthcare system.

10 That's a statement that you agree with?

11 A Yes.

12 Q And it -- and going -- skipping a
13 sentence and moving through the paragraph: A focus
14 on access was chosen to support children and families
15 and their access to and navigation of mental
16 healthcare services in Georgia. Short-term
17 strategies include service mapping for behavioral
18 health service utilization, increasing behavioral
19 health services in schools, and improving families'
20 ability to navigate the system. Long-term strategies
21 include recruiting practitioners in shortage areas,
22 strategically increasing the use of telemedicine and
23 telehealth and increasing continuity of care.

24 Now, with regard to these short-term
25 strategies, the phrase mapping is used. What does

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1 that mean?

2 A So there was an exercise done -- let me
3 make sure that this is the right one. So it looks
4 like, from reading this one -- because there was also
5 a financial mapping, which looks different from here.

6 This one, it says it here: Care includes
7 service mapping for behavioral health service
8 utilization. So it --

9 Q What is --

10 A -- looks like that -- from my
11 interpretation of this and what I can recall, this
12 sounds like looking at what services are being
13 utilized across the delivery systems. So mapping
14 that out. Like where -- yeah.

15 Q Mapping is a description of the available
16 services?

17 A Mapping is described as a system -- a way
18 or an approach. It's a tool where you can look
19 at what -- what services exist in the community and
20 then try to look at utilization data and figure out
21 who is actually accessing the different services.

22 It helps to inform what services -- what
23 gaps may be, where over or under utilization may be.
24 So it helps to give you a picture of one lens.
25 Access means many things. So that's one lens to use

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1 to try to understand, are people getting to the
2 services and at what level are they getting to it.
3 So the utilization helps inform that.

4 Q And was another lens offering the
5 services in the school where the children are?

6 A Yeah. I mean, here it does say that one
7 of the goals was: Increasing -- let me just repeat
8 it verbatim -- increasing behavioral health services
9 in schools.

10 So that does increase access to services
11 for the reasons we've talked about earlier today.

12 Q And the last component of the short-term
13 strategies is improving families' abilities to
14 navigate the current system?

15 A Yes.

16 Q And what does that refer to?

17 A Many families don't know where to start
18 when they are -- when they have a youth that is
19 displaying serious behavioral challenges. In my
20 experience, the crisis of the -- what is happening to
21 the family in the moment is very overwhelming and
22 most people don't realize how to access behavioral
23 health services, even high functioning adults, until
24 they need it.

25 And so families often would not know

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1 where to begin, and so helping to make sure that the
2 pathways to getting services were more known, were
3 clear. Where could the system provide education,
4 where could there be no wrong door. So that type of
5 work.

6 Q So there are a number of references to
7 improving academic performance. How do mental health
8 supports improve academic performance?

9 A So I don't work or come from an
10 educational setting, however, what I can say is that,
11 if you are having unaddressed mental health issues,
12 disorders or challenges, how are you also expected to
13 perform well in other settings, rather that is work,
14 rather that is school, rather that is in
15 relationships or in just your community in general.

16 So unaddressed mental health issues do
17 have -- there is a correlation between that and
18 success in education.

19 Q How important is that correlation?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: I don't know how to
22 quantify that in this setting.

23 BY MS. COHEN:

24 Q But you -- it was something you thought
25 was worth addressing through the System of Care plan

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1 by providing increased access?

2 A It's -- I mean, this is a common -- this
3 is a common concept. And so the team would identify
4 this as something and, yes, it is an appropriate
5 thing to be in this plan.

6 Q And you included it?

7 A You're saying I, like me personally?
8 Yeah.

9 Q Excuse me.

10 A The team that worked on this included it,
11 yes.

12 Q Okay. Who -- who -- and it was really a
13 team process, as is described in the System of Care
14 plan? For example, at Page 16 it describes: Over 15
15 months, the IDT developed the plan through the
16 cooperation of various entities, including the
17 National Training and Technical Assistance Center,
18 which is a technical assistance network, a work group
19 that was comprised of different agencies and meetings
20 of those groups to find out what best practices are.

21 Is that correct?

22 A Yes, that is correct.

23 Q And then the plan starts with
24 Recommendations, beginning on Page 19. Do you have
25 that in front of you?

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1 A Yes.

2 Q And one of the recommendations was to
3 utilize data to inform a strategic approach to
4 access?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: Yes, it's listed
7 here.

8 BY MS. COHEN:

9 Q And how -- and how did the plan
10 contemplate using data to inform a strategic approach
11 to access?

12 A I don't know without reading. I would
13 have to read this.

14 Q So you -- what is spelled out here is the
15 answer?

16 A Yes.

17 Q Okay. And also, increasing behavioral
18 health services in schools, as we previously talked
19 about?

20 A Correct. That's referenced on Page 21,
21 so it's already outlined.

22 Q Now, looking at the bottom of 21, it
23 says: There are a variety of program -- of
24 frameworks that guide school-based mental health
25 services.

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1 Do you see that?

2 A I saw that, yes.

3 Q And one of the frame -- it says: The
4 most common framework is a three-tiered conceptual
5 model.

6 What is that?

7 A It's referenced on Page 22.

8 Q What do you understand the components of
9 the three-tiered --

10 A What is outlined on Page 22 as universal
11 prevention, 85 percent -- 85 percent to 90 percent of
12 the work is based on that. It's services and
13 supports that all school staff are able to get access
14 to early intervention, 7 to 10 percent. That's
15 counselors, social work, mental health providers and
16 then intensive intervention services.

17 But Page 22 describes those tiers. At
18 the top it reads -- I'll start at the beginning: As
19 services in Tier 1 are generalized to an entire
20 school, providers of Tier 1 service include all
21 school staff members. Above Tier 1 lies Tier II,
22 early interventions. Services in Tier II are geared
23 toward a subset of students in a school who are at
24 risk for developing mental health concerns.

25 Some examples are provided there. And

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1 then it goes on to talk about Tier III, which is:
2 Intensive personalized function-based behavior
3 intervention plans and long-term counseling.

4 Q And why is it important to have three
5 tiers of service, in your view?

6 A Because you have all -- everybody's --
7 you need all of these components in order to address
8 and meet the various needs. It's a continuum. So
9 not everybody needs -- the smallest percentage are
10 the ones who need the most intervention -- intensive
11 services. That's always going to be the smallest
12 percentage of the population, regardless if you're
13 talking about kids or adults.

14 So the majority are individuals who are
15 more in the -- I think about in the middle of the
16 bell curve. So they're more in that generalized
17 population. And so -- I mean, this is just the math
18 and this is just the way it makes sense to do it.

19 Q And was the Department of Education a
20 proponent of this three tier --

21 MS. JOHNSON: Object to form.

22 THE WITNESS: I don't know.

23 BY MS. COHEN:

24 Q You don't know?

25 A I can't speak to -- I don't have any

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1 recollection of them being in support or not in
2 support.

3 Q Because there was a collaborator from the
4 Department of Education as part of this plan, right?

5 A Correct.

6 Q Who was it?

7 A I -- I do not walk around with this in
8 memory, so I have to go back. It's listed at the
9 beginning.

10 Q Let me help you a little bit. Although I
11 think you're going to the right place.

12 A So according to here, the representatives
13 from DOE was Rebecca Blanton and Nakeba Rahming.

14 Q Are you familiar with them?

15 A Rebecca, I am. I don't remember Nakeba
16 well.

17 Q Did you discuss with -- do you recall
18 anything Rebecca Blanton said with regard to the
19 three-tier system?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: No.

22 BY MS. COHEN:

23 Q Was it controversial, by which I mean was
24 there more than one point of view within the
25 Department of Education with regard to a tiered

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1 system?

2 MS. JOHNSON: Object to form.

3 THE WITNESS: Not that I'm aware

4 of.

5 BY MS. COHEN:

6 Q Do you recall any views that were
7 expressed by the Department of Education on this
8 subject?

9 A About the tiered system?

10 Q Uh-huh.

11 A No.

12 Q Have you -- excuse me.

13 Has anyone from DBHDD, outside of the
14 System of Care plan, met collaboratively with the
15 Department of Education to work on the
16 recommendations that are in the System of Care plan?

17 MS. JOHNSON: Object to form.

18 THE WITNESS: Has -- can you
19 repeat -- can you rephrase it or restate
20 it? I'm sorry.

21 BY MS. COHEN:

22 Q Yeah. I'll read it back first, and if
23 you have a problem with it, just let me know.

24 Has anyone from DBHDD, outside of the
25 System of Care plan, met collaboratively with the

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1 Department of Education to collaborate on
2 recommendations that are in the System of Care plan?

3 MS. JOHNSON: Object to form.

4 THE WITNESS: Yes.

5 BY MS. COHEN:

6 Q Who was involved in the -- that
7 collaboration?

8 A So by collaboration, I'm -- are you
9 meaning like any commune -- any contact to talk about
10 how to work together?

11 Q Yeah.

12 A Okay. So I've done that before.

13 Q I know you mentioned it in connection
14 with building a constituency for the Apex program.

15 A That was one way.

16 Q What were the other ways?

17 A We worked with the DOE, Garry McGiboney,
18 and I don't remember -- I cannot remember this other
19 woman's name, but there was another, like, leading
20 woman. And they had a conference at the Chick-fil-A
21 headquarters. I don't remember the year.

22 Q Any goodness. Were refreshments served?

23 A Yes. And it was just like being at
24 Chick-fil-A, but nicer. That was probably when I was
25 still the child and adolescent mental health

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1 director. But we went to talk about school-based
2 mental health and PBI -- PBIS, so positive behavioral
3 interventional supports, I think -- and how they
4 could complement each other. So there was a full
5 day, kind of a convening about that.

6 And then numerous -- as a part of the
7 day-to-day job, you coordinate a lot with entities.
8 DOE was just a very common one. And, more recently,
9 DBHDD has a funded position that is shared between
10 DOE and DBHDD. So that position sits in Dante's
11 office now. But there's numerous opportunity and
12 times where that interplay happened outside of this.

13 Q You thought that collaboration was
14 important?

15 A Yes.

16 Q And was -- is it Dr. or Mr. McGiboney,
17 was he a proponent at DOE school-based mental health?

18 MS. JOHNSON: Objection. Object to
19 form.

20 THE WITNESS: I don't know if he
21 specifically was a proponent. He was an
22 early partner. I worked with him on a
23 regular -- regular enough basis. That
24 was kind of my point person for a while.
25 I don't know if he was a proponent of it

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1 or not. I just don't recall.

2 BY MS. COHEN:

3 Q He was a proponent of PBIS?

4 A He was, I can say that, yes.

5 Q What is a multi-tiered system of support?

6 A Yes, I do believe that to be true and
7 accurate.

8 Q And you talked about the Chick-fil-A
9 conference. And with regard to that conference, he
10 spoke about positive behavior interventions and
11 supports?

12 A Correct.

13 Q And was there someone from DBHDD who
14 spoke about it?

15 A I was there. I don't remember if I had
16 an official speaking role. I know that I would have
17 talked because I was there and I -- it would have
18 been unusual for me to not talk. So I know I spoke,
19 but I don't recall if it was an official
20 presentation, if it was more of an open dialogue. I
21 just don't recall the format in which I communicated
22 there. It was their meeting, so we were guests. So
23 I just don't recall.

24 Q What were the views expressed by DBHDD?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: About PBIS?

2 BY MS. COHEN:

3 Q About the matters at the conference.

4 A Well, I could speak from -- from my
5 perspective at the time, I understood that PBIS was a
6 priority for them, DOE, and I felt like we had
7 opportunity to try to figure out how to complement
8 each other with school-based services and PBIS. I
9 feel like my position then, as best as I can recall,
10 was really to really try to demonstrate how those two
11 things could interplay.

12 Q What were some of the ways?

13 A They're not the same programming. I
14 don't remember all of the elements about PBIS in this
15 moment, but I do remember feeling like there was this
16 opportunity where they could complement each other.
17 I didn't feel like you had to choose one over the
18 other.

19 I also felt like, but I can't tell DOE
20 what to do. And so we were -- I was there from a
21 position of trying to be a good partner, listening
22 and figuring out ways in which we could collaborate,
23 and demonstrate that there probably was room for some
24 of the -- I wish I could remember better the date,
25 because I don't remember the order, if we had already

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1 started.

2 Q I'll give it to you. We're going to take
3 a break soon for lunch.

4 A Okay.

5 Q Let me ask you one other question.

6 You said that, when you went to GNETS,
7 the psychoeducational center, they said that they
8 felt that the Apex services would be duplicative?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: It wasn't Apex.

11 BY MS. COHEN:

12 Q I'm sorry. The school-based mental
13 health services from CSBs would be duplicative of
14 what they were doing?

15 MS. JOHNSON: Object to form.

16 BY MS. COHEN:

17 Q Is that correct?

18 A Yes.

19 Q And do you remember who said that?

20 A No.

21 Q Did you agree --

22 A It was an administrator.

23 Q Did you agree with that point of view,
24 that the services were duplicative?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: What I recall is that
2 what they described you would get as a
3 student there sounded like services we
4 would offer. I cannot speak to if what
5 they described is what was received.

6 BY MS. COHEN:

7 Q So you don't have enough knowledge to say
8 whether the services were duplicative of the services
9 that you contemplated offering in a partnership?

10 MS. JOHNSON: Object to form.

11 THE WITNESS: What they described
12 sounded like I could see why they would
13 think that it was duplicative, that they
14 were doing those services.

15 BY MS. COHEN:

16 Q Did you think that they were doing those
17 services?

18 A I had no reason to think they were not.

19 Q Did you know whether they were providing
20 evidence-based services?

21 A I do not know.

22 Q Do you know whether there was any
23 collaboration with CSBs as part of it?

24 A As part of what?

25 Q As part of the services that the

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1 psychoeducational center was providing?

2 A No, it was not. That's why I went.

3 Q To offer those services?

4 A Correct.

5 Q So the -- if the CSBs weren't
6 collaborating, then the children in the
7 psychoeducational center were not receiving services
8 from individuals who worked for the CSB while they
9 were at school?

10 MS. JOHNSON: Objection. Object to
11 form.

12 THE WITNESS: So like I said, we
13 tried to establish something that would
14 look like some parts of school-based
15 mental health. That didn't work out.

16 MS. COHEN: All right. We are
17 going to take a lunch break now.

18 MS. JOHNSON: The food is here.

19 MS. COHEN: Good.

20 THE VIDEOGRAPHER: The time is
21 1:18 p.m., and we are off the record.

22 (Brief pause.)

23 THE VIDEOGRAPHER: The time is
24 2:04 p.m., and we're back on the record.

25 MS. JOHNSON: I'm sorry. Can we go

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1 off the record.

2 THE VIDEOGRAPHER: We are off the
3 record.

4 (Brief pause.)

5 (Plaintiff's (Johnson) Deposition
6 Exhibit No. 946 was marked for the
7 record.)

8 THE VIDEOGRAPHER: The time is
9 2:06 p.m., and we are back on the record.

10 BY MS. COHEN:

11 Q Okay. Ms. Johnson, the court reporter
12 has put in front of you Exhibit -- is it 946?

13 A Yes.

14 Q -- Exhibit 946. Can you identify this?

15 A It is a part of a standard -- I mean, a
16 policy -- a set of policies. It's one standard out
17 of that larger set. It is titled CCP Standard 22
18 Evidence-Based Treatment.

19 Q And is this the standard that you
20 referenced earlier that you put in place with regard
21 to evidence-based treatment?

22 A Yes. It's one standard out of a set.

23 Q Is that your signature on the back?

24 A Yes.

25 Q And the date of this is June 30th, 2022,

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1 but the standard was promulgated long before that,
2 right?

3 A Correct. It's reviewed on an annual
4 basis and the -- the date is always updated annually.

5 Q But you put it together before the Apex
6 program was founded, right?

7 A This is not just for Apex, correct.

8 Q Right, I know it's not just for Apex, but
9 it dates from the early years of your work at DBHDD?

10 A So Apex may have been going parallel to
11 when this -- this, I think, started in 2014, I
12 believe.

13 Q 2014.

14 A And so it may have been running parallel.
15 I mean, it's a completely different project. But
16 this was a new initiative of establishing a set of
17 standards, and this is one of several. But I don't
18 think that -- I think they were parallel activities,
19 if I recall the time line.

20 Q Yeah. I was really asking without regard
21 whether the two were related to each other, just what
22 the time line was.

23 A Right. So I don't recall which was
24 first. I think they were parallel in terms of
25 timing.

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1 Q Roughly contemporaneous?

2 A Yes.

3 Q Now, I wanted to also ask you about the
4 local interagency planning teams. And there were --
5 that is an agency -- a unit like the interagency
6 directors team, in that constituents from different
7 agencies come together; isn't that right?

8 A Correct.

9 Q And that was something that you said in
10 the June 7 -- I mean, in the 2017 System of Care
11 plan, that that kind of coordination at the local
12 level is important?

13 A Correct.

14 Q And at the time of the June '17 -- at the
15 2017 System of Care plan, there were some issues with
16 regard to those local interagency planning teams,
17 right?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: What do you mean by
20 issues?

21 BY MS. COHEN:

22 Q Well, let's look at Page 28. Do you have
23 that in front of you?

24 A Yes.

25 Q It talks about the importance of the

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1 LIPTs, right?

2 A Correct.

3 Q And it also says that some LIPTs have
4 been more active and efficient than others?

5 A Correct.

6 Q And it also talks about something we
7 haven't touched on yet in this deposition, which is
8 regional interagency teams.

9 A Correct.

10 Q Those are also called RIATs?

11 A Yes.

12 Q And what are regional interagency teams?

13 A They were designed to be -- so I used to
14 be a chair for LIPT. So all of the LIPTs have
15 chairs. It was designed to be a place where the
16 chairs would come together so that -- LIPTs are all
17 across the state. I don't remember how many there
18 are right now.

19 But it was initially designed so that the
20 LIPT chairs could come together, have a place to --
21 kind of, what are your issues, what are you seeing in
22 your community. What are y'all doing. So a learning
23 opportunity, but also an opportunity --

24 Q Go ahead. Finish.

25 A -- an opportunity to identify the

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1 original design, an opportunity to identify things
2 that needed to be brought to the state level, so to a
3 DBHDD, a DOE, whatever it may have been. That was
4 the original design.

5 Q And is it true that any of the
6 stakeholders in the LIPT can bring an issue to --
7 before the LIPT?

8 A When you say bring an issue, would it --
9 can you say what you mean about that?

10 Q Yeah. I mean if you have a child that
11 seems to have problems that are --

12 A So LIPTs usually have a -- a way to -- a
13 referral process. I don't know what it looks like
14 today. But my former experience, we had a formal
15 process. And so we had a form, it had questions, a
16 little context about the individual. We had meetings
17 set that were re -- like reoccurring LIPT meetings.
18 We came together to -- with the family and we would
19 talk about what the -- you know, what was happening.

20 The whole goal was to try to keep the
21 individual out of having to be removed from their
22 home or placed into a psychiatric residential
23 treatment facility and try to find wraps --
24 wrap-around supports for the individual. So that was
25 the goal.

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1 Q And who are the constituent members of an
2 LIPT?

3 A It mirrors the IDT. So welfare,
4 behavioral health providers. So it didn't just have
5 to be the CSB. Schools, juvenile justice, where
6 juvenile courts were applicable, because it's not
7 everywhere. So where that was applicable. In some
8 cases, there was some of the CMOs, the managed care
9 providers, would come in some instances. The family
10 was allowed to bring a support. So if they wanted to
11 bring someone with them, they could do that.

12 Q Could the family refer an issue to the
13 LIPT?

14 A It didn't normally happen that way. I
15 don't think it was prohibited. It just -- I just
16 don't recall that being the way. I don't -- yeah, I
17 just don't recall that being a way.

18 Q And it says -- so what the 2017 System of
19 Care plan recommended was that the LIPTs be invested
20 with authority to coordinate care; isn't that right?

21 A They needed to be strengthened. It's an
22 unfunded mandate, and so there was recommendations to
23 help strengthen them so they could be consistently
24 functional and effective.

25 Q And were the IR -- RIATs, the regional

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1 interagency teams, were those -- the constituents
2 also mirrors of the IDT and the LIPT?

3 A So the RIATs were the chairs --

4 Q RIATs, thank you.

5 A Yeah. The RIATs were the chairs of the
6 LIPTs. And so you could have different chairs. So
7 in one area or one county, the chair may be somebody
8 from the school. In another community, it may be
9 somebody from juvenile -- like DJ, Department of
10 Juvenile Justice. So the chairs could look like
11 different backgrounds. And so, yes, in that
12 instance, then, it could have that same kind of mix.

13 Q So it says here on -- on the top of Page
14 29, that RIATs had been able to identify training
15 needs, share successes and challenges and plan for
16 services throughout the region?

17 A Yes.

18 Q And then it -- it goes on to say, I think
19 what you've just been talking about, some RIATs
20 discontinued meeting a few years ago, and some LIPTs
21 are more active and efficient than others.

22 Quote: One of the reasons for this
23 variability has been the lack of a legislative or
24 formal mandate for the RIATs, as well as a point of
25 accountability identified at the state level or

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1 capacity needed to support continued operations of
2 these bodies.

3 A Yes.

4 Q And so what was the recommendation of the
5 2017 System of Care plan?

6 A I'd have to read it, but ultimately it
7 was investing and strengthening them. So let me see
8 exactly what it says: The IDT recommends
9 reconstituting the RIATs.

10 It goes through: Per the Code, Georgia's
11 BHCC was created in 2010. Describes what the BHCC
12 is, talks about the IDT, and then it talked about how
13 it wanted it to align. So BHCC being the authority,
14 RIATs -- I'm sorry -- IDT under BHCC, then RIATs, the
15 reinstitution of those, and then LIPTs. So that was
16 the general recommendation based on the report and
17 from my memory.

18 Q Now you talked about avoiding residential
19 treatment. Do you also think it's an important goal
20 to help individuals with SED avoid more restrictive
21 placements?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: Well, that's always
24 the goal. You don't want to remove a
25 child from their home unnecessarily, and

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1 so going into a more restrictive
2 environment starts to do that.

3 BY MS. COHEN:

4 Q Did you consider the psychoeducational
5 facilities to be more restrictive environments or did
6 you lack information about what took place there?

7 A I've never thought about the question.

8 Q Okay. Then let's move on.

9 There is discussion with regard to
10 improving and strengthening the LIPTs and the RIATs
11 about the importance of effective feedback loops.

12 A Uh-huh.

13 Q What are you -- what does that refer to?

14 A Helping families, in the System of Care
15 approach, happens best in the local community. So
16 the LIPTs are doing the work at a local level. They
17 know what the resources are. They -- it's the child,
18 the families' community, so that's where the work
19 happens.

20 But what barriers and challenges that
21 local LIPTs may experience may be out of their
22 control. So there may be funding issues. There may
23 be policy issues, other things that are beyond what
24 they can do. And so the idea was then you would have
25 the RIATs, so that maybe there's information sharing.

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1 Sometimes there's misunderstanding about a certain
2 policy, so it's a perceived barrier. It's not a real
3 barrier.

4 But then if it is a real barrier or it's
5 a funding need or there's a request, there's support
6 that's needed, technical assistance, training, that
7 that can feed into the state System of Care. So that
8 we can then know what resources should be allocated.
9 So as we're thinking about planning, when we have
10 funding or we have grant opportunities, that we're
11 informed about, we know over in this area this has
12 been a need that's been raised. Let's try to target
13 over here for X, Y, Z.

14 So that's the feedback loop we were
15 trying to create with this mechanism.

16 Q Were you able to solve the problems in
17 2017 with the regional and local entities?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: I believe that is an
20 ongoing issue that is still being worked
21 on.

22 BY MS. COHEN:

23 Q Do you think it will require a
24 legislative solution?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: I believe it requires
2 appropriate funding and the right
3 mandate.

4 BY MS. COHEN:

5 Q And the current -- currently, there is no
6 mandate?

7 A There's no funding.

8 Q No funding mandate?

9 A It's an unfunded mandate.

10 Q Now, let me ask you something else.
11 Did the System of Care -- does the System
12 of Care play a role in avoiding duplicative
13 expenditures and making service delivery more
14 efficient and less costly?

15 A An effective System of Care would.

16 Q Excuse me?

17 A An effective System of Care would do
18 that.

19 Q How would it do that?

20 A Because, if -- I mean, just core -- so
21 you understand, going back to the mapping. So
22 mapping of services, understanding if you do this --
23 training is a good example. So if DFACS is spending
24 money on trauma-informed care -- this actually is a
25 real example.

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1 So DFACS is spending money, DJJ is
2 spending money, DBHDD is spending money, Department
3 of Education is spending money. So we're all
4 spending dollars around the same topic and perhaps
5 that could have been coordinated. So there's a
6 resource saving there. So if you're able to save
7 there, there may be another training need or
8 technical assistance that, if coordinated, can be
9 targeted versus everybody going after the same topic.

10 Q So I knew you said that the Apex model
11 was based on best practices or at -- yes, it came
12 from Cobb Douglas, which was based on a national
13 model.

14 A Uh-huh.

15 Q Are the regional and local agencies, are
16 those also based on national best practices or some
17 best practices model?

18 A The concept of the LIPTs is -- I told you
19 that the System of Care is a broad philosophy. It is
20 one way to operationalize the philosophy of System of
21 Care, which is wrapping around with all of the
22 community inputs in the system, to determine what is
23 best to help support the youth and the family.

24 Q And you think that can be helpful to
25 reducing the effects of serious emotional disorders

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1 on academic achievement?

2 A Yes.

3 Q And also on behavior in school?

4 A Yes.

5 Q So are you familiar with the concept of
6 braiding and blending funding?

7 A Yes.

8 Q What is that?

9 A When different entities -- so in this
10 instance, when different State entities all put
11 together an allocated amount of resources towards an
12 initiative. And so, right now there is not a
13 braided, blending funding model in the System of Care
14 in Georgia. Most of the System of Care activities
15 that are stood up are done by DBHDD.

16 So a blended, braided model, there would
17 be like equal contribution to the contract, for
18 example, that goes to the Center of Excellence. The
19 idea behind creating a Center of Excellence is you
20 have a neutral entity that can convene, that can
21 bring together the different parts of the System of
22 Care. Everybody would be providing the same level
23 of, like input financially, but that's not what
24 happens now.

25 Q Was that something that you were working

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1 towards?

2 A Yeah, I mean, it's an ongoing goal, I
3 believe that they are still working towards. The COE
4 has different contracts with different entities in
5 the System of Care, but there is not a mandate or an
6 equal contribution to stand up the COE, to support
7 the IDT. All of these System of Care kind of
8 administrative functions is not blended or braided.
9 It's just mostly DBHDD-heavy supported.

10 MS. COHEN: Okay. Let's mark as
11 the next exhibit -- and I apologize, but
12 I only have a copy for the witness and a
13 copy for myself. But this is the Georgia
14 System of Care State Plan 2020, and it's
15 on the internet if you want to follow
16 along during the questioning. And let's
17 mark this as Exhibit 647 -- 947. Excuse
18 me.

19 (Plaintiff's (Johnson) Deposition
20 Exhibit No. 947 was marked for the
21 record.)

22 MS. JOHNSON: That one is a draft
23 version.

24 MS. COHEN: We'll get into that.

25 MS. JOHNSON: Well, you said it's

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1 on the internet, but this looks like it's
2 a draft.

3 MS. COHEN: Oh, yeah. That's what
4 you'll find.

5 MS. JOHNSON: Okay.

6 BY MS. COHEN:

7 Q Can you identify Exhibit 947 for the
8 record, please?

9 A Georgia System of Care State Plan 2020,
10 Exhibit 947.

11 Q Now, I think your counsel, Melanie, has
12 raised an interesting issue, which is this is stamped
13 Draft. Is this the final plan?

14 A I don't recall.

15 Q Do you know if there was ever a final
16 plan in 2020?

17 A To my recollection, there is a final
18 plan. I don't know what year, but there -- to my
19 recollection, there is not -- there is a final plan.

20 Q And since 2020, have there been any
21 further System of Care plans?

22 A Not to my knowledge.

23 Q I want to direct your attention --

24 A Can I clarify?

25 Q Sure.

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1 A So I don't know -- I cannot recall if
2 this plan was finalized in this year or at a later
3 time, but my recollection is that there is a more
4 recent System of Care plan that is after 2017. So
5 with that in mind, I believe, but I'm not 100 percent
6 certain, of dates, and I would need to see it if this
7 moved out of draft form.

8 Q So let me try and refresh your
9 recollection.

10 Does it refresh your recollection that a
11 System of Care plan was completed with the exception
12 of approval of the Behavioral Health Coordinating
13 Council, which was the --

14 A That doesn't help. I don't recall. That
15 feels familiar, but I don't -- I cannot say with
16 certainty.

17 Q What is the Behavioral Health
18 Coordinating Council?

19 A It's a legislative -- I mean, it's a law.
20 It was put in place when the department was stood up,
21 when DBHDD was stood up, that there would be a
22 coordinating entity to coordinate behavioral health
23 issues across agencies. It doesn't just focus on
24 children, so it's just across behavioral health
25 entities or entities that provide some form of

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1 behavioral health service or support.

2 Q And as part of your work, I think you
3 said you participated in the creation of the
4 interagency directors team?

5 A The IDT.

6 Q Yes.

7 A Yes.

8 Q And that really was the nucleus or the
9 acting component of the BHCC; is that right?

10 A No.

11 MS. JOHNSON: Object to form.

12 THE WITNESS: No, that's not
13 correct. The BHCC was put in -- is in
14 law. And what we did was request of the
15 BHCC to allow the IDT to become a
16 subcommittee of the BHCC. We did that so
17 that we could anchor it into a -- at a
18 commissioner level or, you know, the
19 highest level of the agencies that were
20 represented at the IDT.

21 So we wanted it to be able to be
22 sustainable and have another level of
23 authority, and so it became a
24 subcommittee of the BHCC.
25

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1 BY MS. COHEN:

2 Q And does the -- does the BHCC have
3 representation from all of the agencies involved in
4 providing supports to children with emotional
5 disturbances?

6 A To the best of my knowledge, BHCC is
7 represented. That was the whole idea. The idea was
8 that, so people leave jobs all the time, and so that
9 if -- if I left, that there was still a mandate from
10 the commissioner from DBHDD that somebody from DBHDD
11 participates on IDT, and the same across each one.
12 So that was the idea.

13 Q And the IDT then acts as a subcommittee
14 on behalf of the BHCC?

15 A Correct.

16 Q That's the relationship?

17 A Correct.

18 Q Now, I'm going to direct your attention
19 to Page 5.

20 A I'm here.

21 Q And there's a summary starting in the
22 second full paragraph: During the second plan
23 period, the IDT made significant progress in all the
24 key focus areas, including the developmental
25 awareness and buy-in from stakeholders in the

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1 expansion of effective services and supports.

2 Do you see that?

3 A Yes.

4 Q And then it goes on to talk about some of
5 the highlights of the IDT's work, described on Page
6 5. I'm just going to ask you to look this over
7 quickly and see whether there are any other
8 accomplishments that are not included here. It's on
9 Page 5 continuing onto Page 6.

10 A Yeah, I wouldn't know. I wasn't on IDT
11 anymore when -- during this time. So --

12 Q You think this is an effective summary?

13 A What's here should be accurate.

14 Q Now, looking at Page 22, this is the
15 Summary and Conclusions. Did you play a role in
16 drafting this?

17 A I wasn't on the IDT at this time, so no.

18 Q Did someone you work -- did someone from
19 DBHDD play a role in it?

20 A We always have a role in it, so the
21 answer would be, yes, we played a role in the
22 drafting of this work.

23 Q And the last paragraph under the Summary
24 and Conclusions states, quote: Blending and braiding
25 funding continues to be a roadblock to full

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1 implementation of a more comprehensive System of Care
2 inclusive of public and private members.

3 And I take it from what you said a few
4 minutes ago that you believe that it still continues
5 to be a roadblock?

6 A Yes.

7 Q And that another roadblock is some of the
8 unfunded mandates?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: Correct.

11 BY MS. COHEN:

12 Q Now, are there some areas of the state
13 that are less well endowed with regard to
14 school-based mental health services than others?

15 MS. JOHNSON: Object to form.

16 THE WITNESS: I don't -- I don't
17 know.

18 BY MS. COHEN:

19 Q Are you aware that in many rural areas
20 it's hard for kids to get access to mental health
21 services?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: It is typically
24 harder -- there are different challenges
25 in rural areas.

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1 BY MS. COHEN:

2 Q What are those challenges?

3 A They vary. Transportation issues is the
4 first. Availability of professionals.

5 Q So under your tenure, what did DBHDD do
6 to improve access to mental health services in rural
7 areas?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: For everything? Like
10 for just -- like --

11 BY MS. COHEN:

12 Q For children and adolescents.

13 A We built programs, we built services.
14 All of this -- all of this infrastructure is DBHDD.
15 The System of Care work is carried by DBHDD as the
16 driver. So we identify resources. We went after
17 grants. We've had grants that were focused in rural
18 areas over time. We helped with workforce capacity,
19 retention work, being very specific about allocating
20 funding to rural areas.

21 I mean, it feels like a laundry list of
22 things. We built clubhouses across the state. Those
23 are after-school programs for kids with SED. We put
24 one in, like, one of the more rural areas of the
25 state, in like Rabun County, which is extremely

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1 rural.

2 DBHDD filled the gap for the system in
3 many ways but, yeah, I mean, I just -- off the cusp,
4 those some things that I would identify.

5 Q Now, when you -- when you were saying you
6 put all of this in place, you were gesturing towards
7 the exhibits in front of you.

8 A Yes. I'm sorry. So the System of Care
9 infrastructure. Again, new programs, grants.

10 Q The block grant?

11 A Block grants, other discretionary grants.
12 We've been the recipient of several grants. We have
13 a good track record of getting Federal grants.

14 We're -- we were very methodical about
15 balancing between -- making sure we had
16 representation of rural and urban for specialized
17 services and whatnot. So --

18 Q So realizing that I think, as you've
19 said, the System of Care infrastructure still isn't
20 perfect, what would you do to move it forward at this
21 point?

22 A Can I ask to add to the last question?

23 Q Oh, of course. Of course. I didn't mean
24 to cut you off?

25 A No, you didn't, I just didn't --

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1 DBHDD also funds child and adolescent
2 specialists in every region of the state. And so we
3 have rural child expertise of staff that are employed
4 by DBHDD that are in the regions, and they are there
5 to be resources for community stakeholders, families,
6 whoever needs them, regardless of their payor, to
7 help people get connected. And so we have a
8 presence, an actual presence, in each of the regions
9 of the state and that's important to the rural
10 question.

11 Now, I'm sorry. Can you repeat the last
12 question?

13 Q Well, I'm going to ask you a different
14 one quickly just to finish up what you just started.

15 Was a telehealth medicine initiative also
16 a piece of getting care to rural areas?

17 A Yeah. Yes.

18 Q Are you -- was DBHDD as far along on its
19 telehealth program development as you would have
20 liked when you left?

21 A Telehealth is wide open because of COVID,
22 so there's still a Federal public health emergency in
23 place. And so as long as that remains in place,
24 there were allowances given for telehealth that
25 expanded it in ways in which it was not available

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1 before.

2 Q So that has -- so in your view, the
3 telehealth system has expanded access to mental
4 healthcare?

5 A Yes.

6 Q Now, realizing that the System of Care
7 infrastructure is, as you've described, not perfect,
8 partly because of the unfunded mandate and the
9 resistance to braiding and blending of funding, what
10 would you recommend to move it forward?

11 MS. JOHNSON: Object to form.

12 THE WITNESS: I think taking the
13 recommendations that are in the plans and
14 actually having them implemented, as a
15 starting point, would be where to start.
16 There's a lot of work that went into
17 putting these plans together.

18 BY MS. COHEN:

19 Q I can see that.

20 A So it's just operationalizing the
21 recommendations that are right here. Right here
22 being in these plans that are referenced.

23 Q And do you see that work as primarily the
24 responsibility of the agencies involved?

25 A Yes.

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1 Q And the administration of the state?

2 A Yes. Making sure that -- we were
3 required in law to have a plan. So then the plan
4 needs to be allowed to be implemented. The
5 recommendations should be able to be operationalized.
6 They are recommendations, but there should be, in
7 my -- you're asking me. So these recommendations
8 should have a formal way of being operationalized,
9 because they're all here in these documents.

10 Q I want to just ask a couple of clean-up
11 questions about the Apex program.

12 Under the Apex program, the providers are
13 encouraged to increase the number of school
14 partnerships that they participate in?

15 A Uh-huh.

16 Q And approval from DBHDD is only required
17 if it will result in additional seed funding?

18 A Right.

19 Q And how is the amount of seed funding
20 determined for a CSB participating in Apex?

21 A I don't know the formula that is used
22 now. Historically, we had a kind of equal --
23 historically, meaning in the beginning days, when I
24 was more actively involved in this part of the work.
25 There was just kind an equal split across the

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1 providers. Over time it became adjusted depending on
2 volume, depending on the actual draw-down of the
3 funds. So we right-sized just based on utilization.

4 So I don't know what the current funding
5 approach is, so I can't speak to that at that level
6 of detail. But it evolved over time.

7 Q And there are also criteria for selection
8 of schools for partnerships, right?

9 A As far as I can recall. I don't remember
10 what the criteria is.

11 Q Do you remember that it included Title I
12 status of students in the school, attendance data and
13 College and Career Readiness Performance Index?

14 A If you say it does. I don't recall
15 specifically and I don't have anything in front of me
16 to reference back to.

17 Q And one aspect of the Apex program is the
18 collection of data, right?

19 A That is a component, yes.

20 Q And schools are required to file --
21 excuse me.

22 CSBs are required to file monthly
23 progress reports?

24 A As far as I know -- I don't know what the
25 requirement is as of today, but, historically, they

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1 provided -- the provider, because it doesn't have to
2 be a CSB -- whoever got the award provided
3 programmatic reports.

4 Q And what was the function of those
5 reports?

6 A Do you mean what is the purpose of the
7 report?

8 Q Yeah.

9 A Oh. It's to collect data, so we knew
10 what was happening. So it's a data collection
11 mechanism.

12 Q And the data collection mechanism is
13 intended to allow review of the services whether --
14 service utilization?

15 A So a genere review so we knew -- so we'd
16 have data about the program.

17 Q So the values and principles guiding
18 DBHDD, in light of the things we've talked about, the
19 enabling legislation, the promulgated standards, the
20 Apex contract and, in particular, the deliverables
21 annex, and the -- the values expressed in the Mental
22 Health -- Community Mental Health Block Grant, really
23 established the services that guide DBHDD in the
24 selection of services for children with serious
25 mental illness?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: Yes, and the Medicaid
3 state plan and whatever other --

4 BY MS. COHEN:

5 Q And -- yeah.

6 A Yeah.

7 Q And DBHDD seeks to provide services that
8 are person-centered, family-centered and
9 child-centered?

10 A Correct.

11 Q And DBHDD seeks, although it doesn't
12 always succeed, in establishing a single point of
13 entry for families?

14 MS. JOHNSON: Object to form.

15 THE WITNESS: We talked about that
16 earlier, and I still don't quite
17 understand what the intent of that
18 language is.

19 BY MS. COHEN:

20 Q Let me try it a different way.

21 A Uh-huh.

22 Q The Apex program reflects DBHDD's values
23 that school-based mental health services should
24 provide ease of access for children and families
25 struggling with serious mental illness?

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1 A That is a goal, yes.

2 Q And one of the goals also is that
3 services have to be evidence-based, right?

4 A Yes.

5 Q And also a goal is that it should be
6 provided in the student's home school?

7 A Correct.

8 Q With a system -- and it should be
9 provided with a system of multitiered supports?

10 A Correct.

11 Q Now, you talked a little bit about your
12 familiarity with GNETS from the time that you were
13 offering to provide services on behalf of the Cobb
14 Douglas CSB. I'm going to ask you now about the time
15 when you were either director of the behavioral
16 services division or interim commissioner at DBHDD.

17 Did you ever visit a GNETS program during
18 that time?

19 A No.

20 Q Why not?

21 A I didn't have a reason to.

22 Q GNETS --

23 A As the, like, behavioral health director
24 or the interim commissioner?

25 Q Yeah.

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1 A No, I didn't have a reason to do that.

2 Q Well, GNETS is a provider of behavioral
3 health services?

4 A I don't -- I did not visit every type of
5 provider.

6 Q Do you view GNETS as a provider of
7 behavioral health services or do you not have enough
8 knowledge to say?

9 A We don't have authority or contracts with
10 or, like, oversight of GNETS programs. So it would
11 not be a part of my normal duty to have to do that.
12 We have a network of providers that we managed at --
13 we being when I was at DBHDD. So we had a robust
14 provider -- I had my own providers. So -- that, I
15 mean --

16 Q Was it your practice to visit those
17 providers?

18 A Yes.

19 Q And to supervise their work?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: We -- we do not
22 provide direct supervision of the work of
23 providers. We manage a network of
24 providers through contracts, provider
25 agreements, audits.

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1 BY MS. COHEN:

2 Q Manuals?

3 A Reviews. Exactly.

4 Q Got it. And do you know whether GNETS
5 offers person-centered behavioral health services?

6 A I do not know.

7 Q Do you know whether GNETS uses
8 evidence-based practices to provide behavioral health
9 services?

10 A I don't know.

11 Q Do you know whether GNETS students
12 receive behavioral health services from CSBs?

13 A It is possible that you can be a GNETS --
14 in a GNETS school and have a provider in the
15 community that could be a CSB or another type of
16 provider.

17 Q And what steps does the department take
18 to ensure that there is ease of access for GNETS
19 students to those providers?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: So all people are
22 treated -- we want every kid to have the
23 same level of access. So we don't create
24 special or different lanes. So we expect
25 that, regardless of what your school

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1 situation is -- so our approach is what
2 is your need and what is -- how can we
3 treat you and what is the help you need
4 in our system. And so it does -- what
5 school you go to is not a predetermining
6 factor around getting access to services
7 in the community or outside of the
8 school.

9 BY MS. COHEN:

10 Q Let me be more specific.

11 MS. COHEN: And I'm going to take
12 off my jacket, if no one minds, because
13 it is a little warm in here.

14 THE WITNESS: It is hot. It's hot.

15 MS. COHEN: I don't know if you can
16 cool it down in here.

17 MS. JOHNSON: I'll text our office
18 manager.

19 BY MS. COHEN:

20 Q The department does not provide
21 transportation for children and families to services,
22 with the exception of school-based mental health
23 services where no transportation is required as
24 provided on site?

25 A The department contracts with providers.

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1 Providers -- for behavioral health. Providers can
2 provide transportation services.

3 Q But that -- that would be another hurdle
4 for children and families in terms of getting to
5 services?

6 A Medicaid has a -- there is a Medicaid
7 transportation option that is managed, actually,
8 through the Department of Human Services. But there
9 is a transportation system, if you are a Medicaid
10 recipient, for example, that you can access for
11 transportation purposes. And some providers also
12 offer transportation. They may have vans, they may
13 have different transportation resources that
14 sometimes are offered.

15 Q My question was whether the need to be
16 transported away from school to obtain mental health
17 services is another hurdle for children and families?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: Okay, I heard it
20 completely different.

21 I -- I don't know the best answer
22 to that. You don't have to -- it depends
23 on what service we're talking about. So
24 if you're talking about going to a
25 psychiatrist for -- like that's a medical

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1 doctor, for meds, then you are probably
2 going to likely do that in a clinic or if
3 you're going to see a nurse. So it's
4 just a broad question, so it depends on
5 the service.

6 BY MS. COHEN:

7 Q But isn't the purpose of Apex to avoid
8 presenting the hurdle of transportation for services
9 that can be provided under Medicaid in the schools?

10 A So if you're talking specifically about
11 Apex, then yes.

12 Q And let's leave that there for now.

13 Okay. So in terms of the coordination
14 between DBHDD and GaDOE -- if I say GaDOE, you know
15 what I'm referring to?

16 A Uh-huh.

17 Q Are there various -- I think you talked
18 about different kinds of collaboration. Are there
19 different levels of coordination?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: So I think I
22 referenced earlier that we -- that --
23 that we collaborate, communicate,
24 coordinate in several ways with DOE, and
25 that we have a shared position, kind of

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1 as a result of that, to improve or
2 further enhance that relationship. So
3 they're our primary partner with the
4 department, a key partner.

5 BY MS. COHEN:

6 Q And at the commissioner level, who is the
7 collaborator between the two agencies?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: That would be the
10 Behavioral Health Coordinating Council.
11 That's what that is in place for. I
12 believe -- you can -- you'll have to
13 double check. I believe it requires the
14 superintendent or a delegate of the
15 superintendent to be on the BHCC.

16 Q And it also requires the commissioner of
17 DBHDD?

18 A Of course.

19 Q How frequently does the BHCC meet?

20 A I think it's quarterly. I'm not 100
21 percent sure. I don't work there anymore.

22 Q And who is commissioner for -- I'm glad
23 we're catching you so close in time to when you left
24 the agency because I have a feeling, at deposition a
25 year from now, when you're fully wrapped up in the

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1 988 system, it would be very different.

2 A I agree.

3 Q But how often does Commissioner
4 Fitzgerald attend BHCC meetings?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: To my knowledge, the
7 majority of them. I don't have a record
8 of her attendance, but -- I don't -- I
9 mean, the majority, if not all of them.

10 BY MS. COHEN:

11 Q Is her GaDOE peer Superintendent Woods?

12 A I don't know who the superintendent is at
13 this time or was at that time. I don't know if they
14 even participated. They were required, but I don't
15 know if they participated regularly.

16 Q Do you have some doubt as to they
17 participated regularly?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: I think you'd have to
20 look back at the attendance record to
21 see, but I think they're -- I am not
22 sure. I don't know how often they
23 attended for sure.

24 BY MS. COHEN:

25 Q And how often did Commissioner Fitzgerald

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1 meet directly with the superintendent of DOE, whether
2 Mr. Woods or someone else?

3 MS. JOHNSON: Object to form.

4 THE WITNESS: I don't know.

5 BY MS. COHEN:

6 Q Do you recall any meetings?

7 A I wouldn't have -- I wouldn't have that
8 type of information to know.

9 Q Well, you would know -- I mean, you might
10 get a request from the commissioner to help her
11 prepare for such a meeting?

12 MS. JOHNSON: Object to form.

13 THE WITNESS: Not necessarily.

14 BY MS. COHEN:

15 Q Whether necessarily or not, you might
16 from time to time get such a request?

17 MS. JOHNSON: Object to form.

18 THE WITNESS: Maybe, sometimes.

19 But I don't have a -- I don't have enough
20 information to say how often she met with
21 the superintendent.

22 BY MS. COHEN:

23 Q Understood. Let me try a different way.

24 Do you have a recollection of her ever
25 meeting with Superintendent Woods?

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1 A I don't know if she met with him or not.

2 Q Yeah, I know, I'm not asking that
3 question now. Now I'm just asking about your
4 recollection.

5 A So then, no, I just don't know.

6 Q You don't know. You don't have any
7 recollection of it?

8 A I do not know her meeting schedule with
9 Superintendent Woods.

10 Q No, I'm asking a different question,
11 which is not whether you know their meeting schedule,
12 but whether you can recall a time when they met.

13 A I do not.

14 MS. JOHNSON: Object to form.

15 THE WITNESS: No.

16 BY MS. COHEN:

17 Q You do not recall?

18 A I do not have that information. I don't
19 recall. I don't know.

20 Q How about at the director level, who was
21 your organizational peer at the Department of
22 Education?

23 MS. JOHNSON: Object to form.

24 THE WITNESS: I don't remember who.

25 Most of my interactions were -- would

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1 have been through the IDT. That was the
2 whole point of it, to have those regular
3 contacts and communication. People have
4 changed over the years. I do not know
5 who.

6 Every time I've met with someone,
7 the most consistent person for me, during
8 my time, would have been Gary McGiboney.
9 In my more previous roles, I did not just
10 supervise child and adolescent services.
11 So, to be clear, I had a very big book of
12 business. So there -- just because I
13 wasn't meeting didn't mean that Dante
14 wasn't meeting or whoever the director
15 for children services was not meeting.

16 BY MS. COHEN:

17 Q Now, there came a point in time when
18 Mr. McGiboney left the agency?

19 A Correct.

20 Q And who was your peer contact after that?

21 A I don't know, because I don't know their
22 org structure. And so their structure changed over
23 time and people changed over time. So I didn't have
24 any reason to reach out to them.

25 Dante -- if I needed something or needed

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1 to know something about the Department of Education,
2 I could resolve that by asking Dante to look into X,
3 Y and Z.

4 Q That would have been your practice after
5 Mr. McGiboney left?

6 A Yes. Or, if unless something escalated
7 to a point that I needed to intervene. I don't
8 recall anything escalating to a point where I needed
9 to intervene over Dante, per se.

10 Q Did you approach them about the RIATs?

11 A No. That was not me.

12 Q How about the braiding and blending
13 issues?

14 A These are conversations that were had
15 in -- the conversations that I recall were had in the
16 setting of the IDT, related to that.

17 Q Did the Department of Education
18 participate actively in the IDT?

19 A They did.

20 Q Who was the participant?

21 A Rebecca Blanton was the participant for a
22 while. We already referenced another person that was
23 listed in a previous document. I'm not that familiar
24 with her. There were others over time, I believe,
25 from DOE. I just don't remember. They usually sent

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1 more than one person. And that person sometimes
2 changed, so I don't recall.

3 Q You don't have any memory?

4 A What I just said is what I remember.

5 Q Yeah. And how about at the OCYF level,
6 who were the -- what were the -- what was the
7 counterpart collaboration?

8 A That would be a question for Dante.

9 Q You don't know?

10 A I wouldn't need to know.

11 Q I'm not asking whether you need to know.
12 I just want to know what you recall.

13 A Yeah. I'm not sure -- Dante communicated
14 with multiple people on the DOE side. It depends on
15 what he needed to communicate about. So I just don't
16 know the list of who those people were.

17 Q Did Dante communicate with respect to
18 Apex?

19 MS. JOHNSON: Object to form.

20 BY MS. COHEN:

21 Q With a DOE peer?

22 A We have a shared position that we've
23 identified earlier was Layla Fitzgerald. So there
24 was communication that was happening, because Layla
25 was over Apex and would interface with DOE. And, I'm

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1 sorry, let me correct that.

2 I can't recall right now if Layla is the
3 one that's in the shared DOE, DBHDD role. I combined
4 it and just said, just now, that it was Apex and the
5 combined role and I'm not clear about who is in that
6 combined role.

7 Q Is it your understanding that the
8 children who are in the GNETS program have severe
9 emotional disorders?

10 A Yes.

11 Q Okay. And who from DBHDD communicated
12 with DOE at Dante's level with regard to the
13 provision of services for those individuals?

14 MS. JOHNSON: Object to form.

15 THE WITNESS: I don't know, because
16 I'm not quite sure I'm following the
17 question.

18 BY MS. COHEN:

19 Q Okay. What do you find ambiguous about
20 the question?

21 A Because DBHDD does not provide the
22 construct for GNETS. So just because an individual
23 is in GNETS and has a severe -- a serious emotional
24 disorder, our path is, if they need access to
25 treatment -- our responsibility is, if they need

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1 access to treatment, do we have the network, do we
2 have the services, et cetera.

3 We don't provide the content of the
4 psychological services for the GNETS program. So
5 that's what is stumping me right now. The way the
6 question was worded sounded like that.

7 Q Did DBHDD -- I understand what you're
8 saying.

9 Did DBHDD assess in any way the services
10 that GNETS provided? GNETS stands for Georgia
11 Network of Educational and Therapeutic Supports?

12 A Correct.

13 Q Did DBHDD take any steps to access the
14 behavioral health services that GNETS provided within
15 the GNETS program?

16 A It's not within our scope, so no.

17 Q No. Okay. Now --

18 A We wouldn't have the authority to do
19 that.

20 Q Why not?

21 A That's under the Department of Education.
22 We cannot -- we're a separate governmental entity.
23 We cannot go in and say we're going to assess your
24 system. That's -- we don't have any authority to do
25 that.

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1 Q You don't consider the enabling
2 legislation which requires you to monitor the quality
3 of all behavioral health services to require you to
4 do that?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: No.

7 BY MS. COHEN:

8 Q Okay. So do you recall a time in 2018 or
9 2019 when Superintendent Woods sought to schedule a
10 meeting with you and others at DBHDD to discuss
11 collaboration between GNETS and Apex?

12 A You're reading something so I'm assuming
13 that that has happened, but I don't recall what date
14 or any of that in this moment.

15 Q Does it refresh your recollection if I
16 say that either you or Commissioner Fitzgerald asked
17 Mr. McKay to prepare information regarding existing
18 collaborations between GNETS and Apex?

19 A That could have happened. It doesn't
20 sound unusual. We had some meetings with DOE. I
21 don't know at the request of who. There were
22 conversations about the GNETS programs early on, so
23 some years ago. There was a staff person that was
24 eventually kind of sort of working between the two
25 entities around GNETS.

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1 And so there were meetings between the
2 two agencies to talk about GNETS, but probably as a
3 result of all of this, but this was some years ago.

4 Q So do you have any recollection of
5 Mr. McKay being asked to research and prepare
6 information regarding collaboration between GNETS and
7 Apex?

8 A I don't have direct recollection of that
9 specific thing, no.

10 Q Do you recall that, after Dante had
11 researched the issue, he found that, except in
12 isolated instances, there were no collaborations
13 between GNETS and Apex?

14 A Am I surprised or do I remember? What
15 was the question?

16 Q Do you remember?

17 A I don't remember, but I also said earlier
18 my example of my own experience of being in Cobb and
19 working with -- trying to work with a GNETS program
20 and what happened. So I'm not surprised that's what
21 he found, but I don't remember specifically us having
22 that conversation, but it's very highly possible.

23 Q Did a meeting with Superintendent Wood to
24 discuss the Apex GNETS collaboration ever take place?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: I don't recall ever
2 being in a meeting with Superintendent
3 Wood.

4 BY MS. COHEN:

5 Q And when Dante made presentations to DOE,
6 you reviewed them; isn't that right?

7 MS. JOHNSON: Object to form.

8 THE WITNESS: For the most part.
9 Not always.

10 BY MS. COHEN:

11 Q Well, do you recall ever reviewing a
12 presentation by Mr. McKay for the benefit of the
13 Department of Education with respect to GNETS?

14 A I don't recall.

15 Q Are there any structural impediments to a
16 collaboration between GNETS and Apex?

17 MS. JOHNSON: Object to form.

18 THE WITNESS: No. I mean, all that
19 would have to happen is -- right now I
20 believe, in policy, GNETS is not in the
21 Apex. Like if you're a GNETS, you don't
22 go to Apex. But that was not a DBHDD
23 driver. That was from earlier -- and I'm
24 repeating myself. That was the earlier
25 position of the Department of Education

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1 that there was duplication of services
2 there.

3 But that doesn't exclude someone
4 there from getting services in the DBHDD
5 network. Those are two different things.
6 I just wanted to be clear about that.

7 BY MS. COHEN:

8 Q Understood. So there was actually, as
9 you've just referenced, a policy by which DBHDD did
10 not provide services to GNETS standalone centers?

11 MS. JOHNSON: Object to form.

12 BY MS. COHEN:

13 Q Is that right?

14 A Yes, from what I can recall, and the
15 reason for that is not because DBHDD excluded GNETS.

16 Q Well, let's -- let me just mark that so
17 that we have something concrete to talk about.

18 MS. COHEN: Actually, I need a
19 stapler for this one. Actually I'll just
20 dog ear the page.

21 MS. JOHNSON: I can go get one on
22 our next break if you want.

23 MS. COHEN: Great. Thank you. Let
24 me see if I have any extras, but it's on
25 the internet.

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1 MS. JOHNSON: What's the title we
2 can look up?

3 MS. COHEN: Apex 3.0 Frequently
4 Asked Questions, downloaded from the
5 DBHDD website, and we're going to mark
6 this as Exhibit 948.

7 (Plaintiff's (Johnson) Deposition
8 Exhibit No. 948 was marked for the
9 record.)

10 BY MS. COHEN:

11 Q Are you familiar with these --

12 A Relatively.

13 Q -- Ms. Johnson?

14 A Relatively.

15 Q This is -- these questions have gone
16 through some iterations; isn't that right?

17 A Yes.

18 Q Prior to this time, there was Apex 2.0
19 Frequently Asked Questions?

20 A Correct.

21 Q And before that, there was an Apex
22 Frequently Asked Question?

23 A I don't remember how many versions of
24 FAQs there was for this service.

25 Q And the purpose of these FAQs was what?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: To communicate.

3 BY MS. COHEN:

4 Q To communicate to the public what
5 services were available under the Apex program?

6 A To answer questions most commonly asked
7 about the program.

8 Q Now, one of the questions is, in which
9 type of schools can Apex services be implemented. I
10 believe it's on the second page of Exhibit 948. And
11 I'm sorry I didn't staple it.

12 And it says: Apex therapists, clinicians
13 and behavioral health support staff are embedded
14 within public schools and public charter schools,
15 pre-kindergarten to 12th grade. They also help with
16 life skills development and other non-therapeutic
17 activities. Apex services cannot be provided in
18 private charter schools, GNETS standalone facilities,
19 private schools or home-schooled cyber public
20 schools.

21 Was that a policy of DBHDD from the time
22 that Apex was rolled out, that it would not provide
23 services in GNETS standalone centers?

24 MS. JOHNSON: Object to form.

25 THE WITNESS: I don't recall.

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1 BY MS. COHEN:

2 Q But it has been a policy for many years?

3 MS. JOHNSON: Object to form.

4 THE WITNESS: Correct.

5 BY MS. COHEN:

6 Q And what is the reason for that?

7 A I don't -- I don't recall. I mean, other
8 than what I've already said several times, of the
9 position from the way I understood, it feels like
10 it's a question for Georgia Department of Education.

11 Q So who prepared the answer?

12 A I don't -- I don't recall.

13 Q But, in your view, it correctly states
14 DBHDD policy?

15 MS. JOHNSON: Object to form.

16 THE WITNESS: Correct.

17 BY MS. COHEN:

18 Q Has DOE ever asked you about this policy?

19 MS. JOHNSON: Object to form.

20 THE WITNESS: No.

21 BY MS. COHEN:

22 Q Have you ever discussed it with anyone?

23 A No. I mean, have I discussed this
24 policy, that specific question or --

25 Q Yes.

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1 A There probably has been internal
2 conversation, like with the CNA director, but I don't
3 have specific recollections of this being a -- an
4 issue of, like, big concern. Because, like I said, I
5 came from the community and I understood why GNETS,
6 at a local level, said no thank you. So it didn't
7 feel unusual to me.

8 Q So, Ms. Johnson, is it your testimony
9 that you just don't know how this got into the FAQs
10 on the website?

11 A My testimony is that I don't recall what
12 led up to. So what conversations led up to this.

13 Q Thank you. Now, was one of the
14 reasons -- let me see if this can refresh your
15 recollection.

16 Was one of the reasons that Apex did not
17 provide services in GNETS standalone centers because
18 OCYF believed that a GNETS standalone center could
19 not form an effective partnership with Apex?

20 A I don't -- I don't know.

21 Q Were any issues ever raised by a GNETS
22 program about not wanting to have a BHT -- behavioral
23 health team embedded in the school?

24 A I don't know.

25 Q So during the period that you were the

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1 director of the division of behavioral health
2 services and when you were interim commissioner, did
3 you take any -- you or your staff take any steps to
4 foster cooperation between Apex and GNETS?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: I do -- I did not,
7 but that does not mean that the staff in
8 the office did not. I don't have any --
9 I did not have any direct involvement in
10 conversations about that.

11 BY MS. COHEN:

12 Q And you're not aware of any conversations
13 that your staff had?

14 A No, not that I can cite specifically.

15 Q I already asked you whether you thought
16 the services were duplicative, and you said you
17 didn't have a basis because you didn't know what
18 GNETS services are.

19 A I said mostly that I don't -- I've not
20 worked in a GNETS program, so I only could go by my
21 understanding of what they say they provided at the
22 time when I worked in the community and approached
23 them.

24 They -- again, they're known as -- I know
25 that they are called GNETS, but the older terminology

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1 was psychoeducational centers. And so they were
2 promulgated to be alternative school settings that
3 also provided therapeutic psychological supports. So
4 it makes sense to me, if the school says -- if the
5 school system says, well, we don't feel like we need
6 it in GNETS, that wouldn't make -- give me pause.
7 Nor has it escalated to -- to be an issue. So it's
8 never been escalated to where I would need to come in
9 and say, wait, why is this not happening. I
10 understood why they probably were saying, you know,
11 that they didn't feel like that was necessary.

12 Q In your judgment, would it be a benefit
13 to the GNETS students with severe emotional
14 disturbance to receive Apex services?

15 MS. JOHNSON: Object to form.

16 THE WITNESS: I don't see an issue
17 with changing policy to allow GNETS
18 schools to be included.

19 BY MS. COHEN:

20 Q What are the eligibility criteria for
21 GNETS?

22 A I don't work -- I don't know. I don't
23 work in the school system. I don't know.

24 Q Is it a fair summary to say that GNETS
25 services -- [audio disturbance]. Excuse me.

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1 I'm going to read now from the GNETS
2 rule. And it says: GNETS services aim to support
3 students with social, emotional and/or behavioral
4 challenges. These students' behaviors may include,
5 but are not limited to, significant, aggressive,
6 self-destructive, atypical and withdrawal behaviors.

7 Is that your understanding of who's in
8 GNETS?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: From what I
11 understand about GNETS programs, that
12 sounds like an adequate description of
13 the type of student I would have thought
14 would have been in the program.

15 BY MS. COHEN:

16 Q Now, the rule also says, the GNETS rule,
17 quote: GNETS staff will collaborate with
18 professionals from a variety of agencies to enhance
19 students' social, emotional, behavioral and academic
20 development based on their IEPs, closed quote.

21 What agencies did GNETS collaborate with?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: I don't know. I
24 don't oversee -- I've never overseen
25 GNETS programs or worked in one.

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1 BY MS. COHEN:

2 Q So you talked about the Apex services is
3 funded partially through Medicaid or other public
4 insurance mechanisms.

5 A For billable services.

6 Q That's the portion, then --

7 A Uh-huh.

8 Q -- that's funded. And that results in a
9 cost savings to the State; isn't that right?

10 A I don't know that to be true.

11 Q Well, the Federal government picks up a
12 share of Medicaid; isn't that right?

13 A Yes, but I don't have any data to say if
14 it's a cost savings or not. It may or may not be.

15 Q Do you know what the share is in Georgia
16 that the Federal government picks up?

17 A No, I don't recall.

18 Q If I say 65 percent, does that refresh
19 your recollection?

20 A That sounds -- that sounds accurate. I'm
21 not 100 percent sure.

22 Q Now, with respect to the services that
23 are provided in GNETS, is there a failure to realize
24 the cost savings because they're not billing services
25 to Medicaid?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: I don't -- I don't

3 know.

4 BY MS. COHEN:

5 Q You don't know?

6 A I don't feel like I'm in a position to
7 speak to that.

8 Q How are GNETS services funded?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: I do not know. I
11 don't work in GNETS and I don't have
12 oversight of their budget.

13 BY MS. COHEN:

14 Q Have you seen the State budget
15 appropriations committee -- State appropriations
16 committee budget?

17 A No, when the State appropriations come
18 out, I look for DBHDD budget line items to see what
19 I'll be responsible for.

20 Q You don't look at the GNETS allocation?

21 A I have not had a reason to do that. I'm
22 busy enough with the DBHDD.

23 Q Have you ever heard that, in some prior
24 years, it's reached as high as \$70 million?

25 A I have not heard that.

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1 Q Have you heard that this year the
2 proposed allocation is \$55 million?

3 A I have not heard that.

4 Q So you -- you don't have any idea of the
5 magnitude of the GNETS funding?

6 A I have no idea. It is not my scope of
7 responsibility, never has been.

8 Q No. My question is not whether it's your
9 responsibility but just are you aware.

10 A No. I have a lot -- I had a lot of
11 budget responsibility and so I had my own things I
12 had to do. So, no, I did not also go look at the DOE
13 line or the GNETS line.

14 Q Do you know that there's a specific
15 legislative allocation for GNETS?

16 A No.

17 Q That it's not -- okay. Now I'm going to
18 ask you about some e-mail.

19 MS. COHEN: Why don't we take a
20 short break and then we can get into the
21 e-mail.

22 THE VIDEOGRAPHER: The time is
23 3:20 p.m., and we are off the record.

24 (Brief pause.)

25 THE VIDEOGRAPHER: The time is

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1 3:35 p.m., and we are back on the record.

2 (Plaintiff's (Johnson) Deposition

3 Exhibit No. 949 was marked for the

4 record.)

5 BY MS. COHEN:

6 Q Okay. Ms. Johnson, I'm going to put in
7 front of you Exhibit -- what I've stickered as
8 Exhibit 949. I think I have copies for both Melanie
9 and Monica Patel, as well. And this document is an
10 e-mail from Monica Johnson to Judy Fitzgerald dated
11 June 19th, 2019, and the production number is
12 GA00142381. I'll give you the stickered copy.

13 Now, I identified this for the record as
14 one e-mail, but it's really two e-mails, I believe.
15 Is that your understanding?

16 A I'm reading it now.

17 Q Take your time and just tell me when
18 you're ready.

19 A Okay. Now, what did you ask me?

20 Q My question was does this appear to you
21 to be two e-mails?

22 A Yes.

23 Q What are the two different e-mails?

24 A One e-mail is from Judy to Dante, and she
25 copied me, I'm assuming, because I responded to her.

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1 Q You didn't receive it from Dante?

2 A I don't know. I'm looking at what I'm
3 reading here, and so the way it looks like is that I
4 must have been copied. It could -- it could have --
5 either way, it came to me. So either he forwarded it
6 to me or she copied. It feels more likely that she
7 would have copied me, because he reported to me, and
8 that would have been her style, in most cases. Not
9 100 percent, but most cases she would copy me.

10 But, yeah, I'm -- I understand what's
11 written here.

12 Q The bottom e-mail is an e-mail dated May
13 28th, 2019 from Judy Fitzgerald to Dante?

14 A That's what it says on the paperwork.

15 Q And is that what you believe?

16 A I'm sorry. Was there a question?

17 Q Yeah.

18 A Oh, I'm sorry.

19 Q Is that what you believe that the bottom
20 e-mail is an e-mail that Judy Fitzgerald sent to
21 Dante McKay in May 2019?

22 A Yes. I thought as I said yes. Sorry.

23 Q And the top e-mail is an e-mail that you
24 sent to Judy Fitzgerald in June of 2019?

25 A According to the paper, yes.

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1 Q Now, your e-mail says -- well, according
2 to the paper, do you also believe that that's
3 accurate?

4 A I only know it's accurate because it's on
5 the paper. I obviously have no --

6 Q You have no reason to question it?

7 A Right.

8 Q Now, the top e-mail says: Okay. Adding
9 this to my now really long supervision list for our
10 meeting.

11 Did you have supervision meetings with
12 Superintendent Fitzgerald?

13 A With Commissioner Fitzgerald?

14 Q Commissioner Fitzgerald, yes.

15 A Yes.

16 Q Thank you. And did you also have
17 supervision meetings with Mr. McKay?

18 A Yes.

19 Q So when you say, okay, adding this, are
20 you referring to the concerns expressed by
21 Commissioner Fitzgerald in her e-mail to Dante?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: Yes, according to
24 this e-mail that I'm looking at, I'm
25 talking about what she wrote.

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1 BY MS. COHEN:

2 Q And you say: I'll be keenly interested
3 in the context behind what triggered this e-mail.

4 A Okay.

5 Q So you were interested in what had been
6 on Judy's mind when she wrote the e-mail?

7 A It was obvious that something triggered
8 it, and so I wanted to know what triggered it.

9 Q And did you ever find out?

10 A Yes.

11 Q What was it?

12 A It was more about relationship
13 challenges. So it was in interpersonal stuff between
14 the people that are identified here. So Garry
15 McGiboney and Dante and Tom Rawlings and Dante. So
16 it was interpersonal. It was perceptions about what
17 they thought we did or didn't do, et cetera.

18 Q They thought that Dante had done or not
19 done something?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: I'm -- I think it
22 was -- from what I recall, these two
23 individuals had strong opinions about
24 things and it -- this -- looking at it,
25 I'm reminded that I believe that there --

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1 they had strong opinions and they voiced
2 them sometimes in ways which could
3 feel -- could make you feel -- could put
4 you back on your heels.

5 BY MS. COHEN:

6 Q Make you feel defensive?

7 A Yes, is one way to describe it. And so
8 Judy was encouraging Dante to help -- be proactive in
9 dealing with those relationships. These -- this is
10 not an uncommon issue. So just making sure you're
11 keeping stakeholders in a, you know, cooperative
12 space.

13 Q Now, did you have a discussion with Dante
14 about it?

15 A I am positive that we had a discussion
16 about it, I just don't remember when the discussion
17 was. I do remember coaching him through engagement
18 with both of these individuals.

19 Q How did it come to Judy's attention?

20 MS. JOHNSON: Object to form.

21 THE WITNESS: I don't recall.

22 BY MS. COHEN:

23 Q Did Mr. McGiboney bring it to her
24 attention?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: That is possible. I
2 don't recall.

3 BY MS. COHEN:

4 Q What was the thing that Dante had or
5 hadn't done? Did it relate to Apex?

6 A It wasn't anything that he had not done.

7 Q It was something that he did?

8 A No. It was, in my opinion, more of
9 interpersonal communication styles and perceptions.
10 Sometimes people are uninformed about what is actual
11 and make assumptions, and so this was kind of rooted
12 in that. It was not just about Apex, though, but it
13 was just interpersonal stuff.

14 Q Whatever the interpersonal issue was, it
15 was something that had annoyed both Garry McGiboney
16 and Tom Rawlings?

17 MS. JOHNSON: Object to form.

18 THE WITNESS: I cannot speak on
19 behalf of how they felt.

20 BY MS. COHEN:

21 Q I'm asking you whether that was the
22 report that reached you that had irritated both Tom
23 Rawlings and Garry McGiboney?

24 A I can't say if they were irritated or
25 not. It was obviously raised to Commissioner Judy

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1 Fitzgerald. She brought it to my attention or, you
2 know, I was copied or forwarded or whatever. I know
3 the individuals that we're talking about, also, so I
4 know the personalities. So.

5 Q What are the different personalities?

6 A They have strong personalities.

7 Q What it says in the e-mail is -- in
8 Commissioner Fitzgerald's e-mail: It is important
9 that these two gentlemen feel like they have personal
10 knowledge of our Apex plans.

11 So was this an issue of not knowing about
12 certain Apex plans?

13 MS. JOHNSON: Object to form.

14 THE WITNESS: All I could say about
15 that is that they have representatives,
16 both of them, that participate on IDT,
17 participate on BACC allegedly. So them
18 not knowing things did not mean that it
19 was not places that were not
20 communicated. It was more about people
21 communicating up to them that work in
22 their agencies.

23 So this was a common communication
24 issue, with DOE, with DFACs. There's
25 multiple people that participate in

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1 certain meetings, but those -- the
2 information not being carried up.

3 BY MS. COHEN:

4 Q Ms. Johnson I think you're giving me your
5 take on what was going on here.

6 A I guess --

7 Q But I really just want to find out first
8 what the facts were. So my question to you was --
9 sorry, this is moving on me.

10 My question was, what it says in the
11 e-mail is -- in Commissioner Fitzgerald's e-mail is:
12 It's important that these two gentlemen feel like
13 they have personal knowledge of our Apex plans.

14 So was it an issue of not knowing about
15 certain Apex plans?

16 MS. JOHNSON: Object to form.

17 THE WITNESS: I don't know.

18 BY MS. COHEN:

19 Q What did you feel should have been
20 communicated to them through the interagency
21 directors team?

22 A I feel like all the information about
23 Apex was fully visible and I don't know why or how
24 these two people would not know.

25 Q Did it relate to concerns about areas

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1 Apex was serving?

2 A No. That's not what came up in my
3 conversation.

4 Q Did it relate to GNETS, Apex supporting
5 GNETS?

6 A No.

7 Q What did it relate to?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: I don't remember
10 exactly. I just know it wasn't those.
11 Like I said, it was more about -- I mean,
12 you just read it, that they were saying
13 they didn't know certain things and
14 wanted visibility. The information was
15 available.

16 BY MS. COHEN:

17 Q Without regard to whether the information
18 was available -- which I understand you felt
19 Mr. McKay didn't do anything --

20 A Correct.

21 Q -- wrong.

22 A Correct.

23 Q But without regard to that, why -- why
24 did these two gentlemen raise that they didn't have
25 personal knowledge of our Apex plans?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: I can only make the
3 assumption that they weren't getting
4 information from the people that actually
5 reported to them and were connected in
6 the work.

7 BY MS. COHEN:

8 Q What aspect of the plans did they feel
9 they didn't know about?

10 MS. JOHNSON: Object to form.

11 THE WITNESS: I have no idea.

12 BY MS. COHEN:

13 Q Well, it's a serious matter to elevate it
14 to the commissioner level, isn't it?

15 A Not from these two individuals.

16 Q All right. Did the -- so the concerns --
17 did the concerns relate to funding?

18 A I don't recall that being an issue.

19 MS. JOHNSON: Object to form.

20 BY MS. COHEN:

21 Q Did it relate to perceived feelings that
22 GaDOE -- that DBHDD was not helpful as a partner
23 agency?

24 MS. JOHNSON: Object to form.

25 THE WITNESS: I don't know what

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1 their perception was, about -- I don't
2 know that to be the case.

3 BY MS. COHEN:

4 Q Well, I'm -- when you spoke to Ms. -- to
5 Commissioner Fitzgerald, she emphasized that it was
6 important to make sure that DOE was informed of the
7 Apex plan?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: We already knew that
10 they had been informed of the plans.
11 Just because Garry McGiboney said he
12 didn't know anything, that didn't mean
13 that DOE did not know.

14 BY MS. COHEN:

15 Q So you felt that this information had
16 been sent to -- had been transmitted in a way that
17 DOE could have access to it?

18 A Yes.

19 Q Did anyone say that to Garry McGiboney?

20 A I -- I don't -- I didn't speak to Garry,
21 so I don't -- I can't say.

22 Q Garry was an important partner; isn't
23 that right?

24 A He was an important partner. His role
25 changed over time. So, in the beginning, he was more

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1 collaborative and more closely connected to the work.
2 Not just Apex, just the work of the children's
3 office, and over time his role changed. I don't know
4 what all his roles were.

5 He got further and further removed away
6 and wasn't really involved in some of the more -- the
7 things that he used to be involved in. So he just
8 became further removed.

9 Q Did he become removed from School Climate
10 issues?

11 A I'm not sure. He -- something changed
12 over time. When I first knew Garry, we worked closer
13 together. And at that time he was very -- I don't
14 know what his title was, but he was working very --
15 the School Climate was like his thing, and so we
16 worked together a lot. But then his role changed
17 over time and so did mine, and so we, you know, kind
18 of got further apart in that regard.

19 Q And what was the -- the importance of the
20 implementation of the First Families Act for DBHDD?

21 A We were a partner. We -- that was a --
22 DFACs was the -- child welfare system was the owner
23 of that and we were a partner, a collaborator.

24 Q Had Dante told Commissioner Fitzgerald
25 that the information that they were seeking had been

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1 presented at the IDT?

2 MS. JOHNSON: Object to form.

3 THE WITNESS: I don't know what

4 Dante said to the commissioner. I would
5 have to see if that was an e-mail or
6 something.

7 BY MS. COHEN:

8 Q Because she says: Whether or not either
9 of these colleagues are receiving advance updates --
10 I mean -- adequate updates from their IDT
11 representatives or others is not the point at this
12 moment.

13 A She was -- she was trying to manage the
14 relationships.

15 Q So she already knew that you and Dante
16 felt that the information had been adequately
17 communicated --

18 MS. JOHNSON: Object to form.

19 BY MS. COHEN:

20 Q -- at the time she wrote this e-mail?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: Do I still answer?

23 MS. JOHNSON: Yes.

24 THE WITNESS: Because I know the
25 individuals here, this is -- this was not

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1 like a big shock. I wanted to know what
2 happened. I do feel like there was
3 spaces where they should be informed,
4 information was out there. Mostly in
5 other unrelated dealings with either one
6 of these individuals, particularly Tom
7 Rawlings in this case, the information
8 would be inaccurate. And when I would
9 research it, I would find that there was
10 either miscommunication other some
11 misunderstanding. So, I'll say that.

12 BY MS. COHEN:

13 Q And Judy goes on to say in her e-mail: I
14 know you will invite their input because I've seen
15 the way you work.

16 She also says that she: Has full trust
17 in your ability to communicate effectively with both
18 Garry and Tom.

19 Was it Judy's -- Commissioner
20 Fitzgerald's view at the time that Dante was
21 generally responsive to inquiries from fellow
22 agencies?

23 MS. JOHNSON: Object to form.

24 THE WITNESS: Yes, and it was my
25 opinion of that, as well.

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1 BY MS. COHEN:

2 Q Was Dante wary of responding to certain
3 inquiries from GaDOE relating to GNETS?

4 MS. JOHNSON: Object to form.

5 THE WITNESS: Not that I'm aware
6 of. We've never had that conversation
7 that I can recall.

8 BY MS. COHEN:

9 Q You mentioned that Layla Fitzgerald has a
10 position as a shared employee.

11 A I corrected myself. I don't remember if
12 she's the one in the shared position or someone else.
13 I conflated her being over Apex in the same sentence
14 with the shared position, and I corrected and said
15 I'm not sure if she's the one in the shared position
16 or not.

17 Q Did you know that Layla Fitzgerald, with
18 regard to the shared position, told the Department of
19 Education that she would not be involved in any way
20 with GNETS?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: I have no knowledge
23 of that.

24 BY MS. COHEN:

25 Q Did Dante tell you that Layla, in her

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1 liaison position with the Department of Education,
2 would not be involved in any way with GNETS?

3 MS. JOHNSON: Object to form.

4 THE WITNESS: I have not had that
5 conversation with Dante, no. It would
6 make sense, though, because we already
7 talked about that the policy said GNETS
8 was not a part of the Apex.

9 BY MS. COHEN:

10 Q So you would have no problem with Layla
11 Fitzgerald telling DOE in the context of a shared
12 liaison position --

13 A Is she the shared liaison? Do we know
14 that? Because I'm not sure.

15 Q Well, it's not my job or --

16 A I didn't know if you had something in
17 front of you that knew.

18 Q I believe that I can represent that Layla
19 was the shared liaison.

20 A I don't know that Layla is the shared
21 person, but -- okay. Go back to your question. I'm
22 sorry.

23 Q So you would have no problem with -- from
24 DBHDD's point of view, with Ms. Fitzgerald telling
25 DOE that she would not be involved with GNETS?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: I would need to know
3 more context of about what was the
4 conversation. I can't answer that yes or
5 no without context of the full
6 conversation.

7 BY MS. COHEN:

8 Q Did Dante subsequently follow up with
9 Garry and Tom?

10 MS. JOHNSON: Object to form.

11 THE WITNESS: He did.

12 BY MS. COHEN:

13 Q What was it, the follow up?

14 A I don't recall if it was an e-mail, if it
15 was a call. I don't remember what was the method,
16 but we closed the loop.

17 Q I'm sorry. I didn't hear the last thing
18 you said.

19 A We closed the loop on this particular
20 issue. I'm back at the e-mail.

21 Q Thank you. All right. Let's look at
22 another e-mail.

23 MS. COHEN: Okay. We can mark as
24 the next e-mail. This is an e-mail from
25 Dante McKay to Monica Johnson dated May

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1 29th, 2020. It's actually an e-mail
2 chain, and it has the production stamp
3 GA00223643.

4 (Plaintiff's (Johnson) Deposition
5 Exhibit No. 950 was marked for the
6 record.)

7 MS. COHEN: Can you two look on and
8 I'll let Aileen have one?

9 THE WITNESS: Okay.

10 BY MS. COHEN:

11 Q This is an e-mail chain that Dante sent
12 to you on May 29th, 2020?

13 A Yes, according to the paper in front of
14 me.

15 Q And we've marked this as Exhibit 949?

16 A Correct.

17 MS. JOHNSON: 950.

18 BY MS. COHEN:

19 Q Oh. 950, excuse me.

20 A Sorry. I'm tired.

21 Q I'm putting words in your mouth and it
22 didn't work out. Okay.

23 Now, the Re line on the e-mail was Apex
24 DOE Data. Do you see that, the Subject line?

25 A The Subject line is Grants.gov

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1 Opportunity?

2 Q I'm sorry. Did I give you the wrong
3 e-mail? May I see your copy of 950 and 949?

4 Okay. Let's go with 950, then. Okay.
5 This is an e-mail chain relating to a grant
6 opportunity?

7 A Uh-huh.

8 Q And what happened in this e-mail chain,
9 as you understand it?

10 A Based on the e-mail chain, it looks like
11 the Georgia DOE reached out to the COE. Wait. Who
12 reached out to who first? So it looks like the COE
13 saw a grant opportunity and reached out to --
14 everybody on here is from the school system -- from
15 DOE. And then DOE, Ashley Harris, looped in Dante
16 and Layla into the conversation. And so, yeah, I
17 mean, that's what happened.

18 Q So I guess there are two Ashleys in the
19 e-mail chain, I think. There's Ashley Harris. No, I
20 guess only one Ashley Harris.

21 And Ashley Harris is the person at DOE --

22 A Uh-huh.

23 Q -- who is responsible for coordinating
24 mental health issues with DBHDD?

25 A I don't know what her role was. Her

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1 title is here. I don't know that that was the one
2 thing she did or if she was the point person that
3 was identified.

4 Q What was her title?

5 A According to the e-mail, director of
6 whole child supports and strategic partnerships.

7 Q And what was the nature of the
8 opportunity?

9 A From this e-mail, there was a grant
10 opportunity for building school-based mental health
11 services.

12 Q Do you remember receiving this e-mail
13 from Dante?

14 A No. I mean, I'm looking at it now, but I
15 don't -- I get thousands of e-mails. So I don't
16 remember this day reading it. I'm -- I understand
17 what I'm reading.

18 Q Do you have any reason to doubt that this
19 is an e-mail chain you received from Dante in May of
20 2020?

21 A No.

22 Q Okay. Now, in -- in the e-mail from an
23 Ann DiGirolamo -- D-I-G-I-R-O-L-A-M-O. Did I
24 pronounce it right?

25 A Uh-huh.

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1 Q She is making DOE aware of a grant
2 opportunity for school-based mental health?

3 A Correct.

4 Q And saying that COE would love to partner
5 on it?

6 A Uh-huh.

7 Q And then in the e-mail above that, which
8 is an e-mail from Ashley Harris to Garry -- to Ann
9 DiGirolamo, Garry McGiboney, Rebecca Blanton, Cheryl
10 Benefield, Lisa McGarrie, Dante McKay and Layla
11 Fitzgerald, she says -- Ashley Harris says: Good
12 afternoon, everyone. I hope this e-mail finds
13 everyone well. I wanted to include both Dante and
14 Layla on this communication as we are working on
15 several projects to establish higher collaboration.
16 I will be shorter, review this opportunity, talk with
17 our leadership and get back to you all as soon as
18 possible.

19 Dante then forwarded this e-mail to you
20 and what he says is: Progress, dot, dot, dot, I
21 suppose. COE reached out to DOE and DOE looped us
22 in.

23 That was just an e-mail between you and
24 Dante and didn't involve any of the other
25 individuals?

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1 A Correct.

2 Q Was it unusual for DOE to send
3 opportunities to DBHDD?

4 A I don't know.

5 Q In Mr. McKay's view, was it unusual?

6 MS. JOHNSON: Object to the form.

7 THE WITNESS: I can't speak for
8 Dante. He's -- in this e-mail, he was
9 pointing out that he was happy that DOE
10 looped us in.

11 BY MS. COHEN:

12 Q He says: Progress, I suppose.

13 Does that suggest some cynicism on
14 Mr. McKay's part?

15 MS. JOHNSON: Object to form.

16 THE WITNESS: If you interpret it
17 that way. I think he's saying, in my
18 recollection of this at least, DOE is
19 reaching out and including us when we
20 should have been included from the
21 beginning.

22 BY MS. COHEN:

23 Q And let's mark as the next e-mail Exhibit
24 951.

25 (Plaintiff's (Johnson) Deposition

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1 Exhibit No. 951 was marked for the
2 record.)

3 BY MS. COHEN:

4 Q An e-mail from Mr. McKay to yourself,
5 dated August 15th, 2019. We'll mark this as 951 and
6 it has the production number GA01461335.

7 Is this an e-mail you received from Dante
8 McKay in August of 2019?

9 A According to the e-mail, correct.

10 Q And the Subject of this e-mail is Apex
11 DOE Data Elements of Interest?

12 A Correct.

13 MS. JOHNSON: Do you have the first
14 page?

15 MS. COHEN: You might have to look
16 on with Monica.

17 MS. JOHNSON: But it is two pages,
18 right?

19 BY MS. COHEN:

20 Q Up until this time when you received the
21 e-mail --

22 A Can I have a second?

23 Q Oh, I'm sorry. Take your time.

24 A Okay. I'm ready.

25 Q You are.

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1 A Yes.

2 Q Up until this time, had there been any
3 data sharing between DOE and DBHDD?

4 A I don't recall. I think the answer is
5 no. I don't recall any of that before.

6 Q What was the nature of the data sharing
7 project that Dante and -- let me ask you this. Who
8 is Dimple Desai?

9 A Who is who?

10 Q Dimple Desai?

11 A That's not someone that's with us. I
12 don't know who Dimple is.

13 Q Did she work for COE?

14 A I don't know who she is.

15 Q Well, what --

16 A Does it have an e-mail address?

17 Q Research associate. She has the slug --
18 a signature slug on the bottom e-mail in this chain
19 that identifies her as Dimple Desai, MSW Research
20 Associate II, Center of Excellence for Children's
21 Behavioral Health.

22 A Am I looking at the same page?

23 MS. PATEL: Do you also only have
24 one page?

25 THE WITNESS: Yeah.

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1 MS. COHEN: Do you only have one
2 page? Melanie, can you give her the
3 extra page. Yes, there you go. Which
4 page got stickered? Is that the second
5 page? Okay. Thank you?

6 THE WITNESS: All right. So now I
7 need a second.

8 MS. COHEN: I think we better
9 staple it before anything adverse
10 happens. Thank you for the staple
11 letter, Melanie.

12 THE WITNESS: This is the same
13 paper. Oh, here we go. Okay, now.
14 Okay. At least it makes more sense now.

15 I don't know Dimple personally, but
16 according to her tag line she works at --
17 she worked at the COE, the Center of
18 Excellence.

19 MS. COHEN: May I look at the
20 stamped 951? I see the problem. Okay.

21 I'm going to mark as 952 an e-mail
22 from you to Dante on the same subject,
23 the same e-mail chain except for your
24 reply.

25 MS. PATEL: Should we staple that?

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1 Thank you.

2 MS. COHEN: Can you pass me the
3 stapler. I'm going to do some stapling.

4 Thank you.

5 And was that stickered as 952?

6 THE WITNESS: This is 951.

7 MS. COHEN: Okay. Let's sticker
8 the next e-mail as 952.

9 (Plaintiff's (Johnson) Deposition
10 Exhibit No. 952 was marked for the
11 record.)

12 THE WITNESS: Oh, okay. It's the
13 same e-mail, it's just me saying
14 excellent. Okay.

15 BY MS. COHEN:

16 Q I think the one difference between the
17 two e-mails -- I'm going to suggest to you -- is that
18 951 is Dante -- the top e-mail is Dante's e-mail.

19 A Right.

20 Q And 952, the top e-mail is your e-mail.

21 A Yeah, where I just said excellent. Okay.
22 I got it. That's the only difference.

23 Q And I think you testified that, up until
24 the time of this e-mail, there had not been any data
25 sharing with DOE in support of the Apex program?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: There had not been
3 any data sharing agreements that I'm
4 aware of -- it's just not usual. It's
5 not a normal between the two.

6 BY MS. COHEN:

7 Q Do you have any question in mind?

8 My question is whether, up until that
9 time, there had not been any data sharing with DOE?

10 A I felt like I answered it no, not that
11 I'm aware of.

12 Q Now, what -- what data did this relate
13 to?

14 A I don't know. I don't recall.

15 Q You don't have any recollection?

16 A So, I oversaw a broad book of business --

17 Q My question is --

18 A I don't recall -- you asked me did I have
19 a recollection and I said no, and you re-asked it.
20 So I'm just saying no, I don't recall just from this
21 e-mail.

22 Q You got me.

23 Did this data project ever come to
24 fruition?

25 A I don't recall.

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1 Q Did D -- do you recall that the --
2 ultimately, DOE provided certain data to the Center
3 for Excellence?

4 MS. JOHNSON: Object to form.

5 THE WITNESS: I don't recall.

6 BY MS. COHEN:

7 Q Did this data relate to data regarding
8 GNETS students?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: I do not know.

11 BY MS. COHEN:

12 Q You don't know?

13 A I don't know.

14 Q Now, Dante says in his e-mail to you:
15 Big breakthrough. We are on track to have a data
16 sharing agreement in place in Apex and pivot away
17 from relying solely on self-reporting. If we can
18 seal the deal, this will be a big win.

19 What -- what self-reporting does
20 Mr. McKay refer to?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: The program reports
23 you asked about earlier today that the
24 providers submit monthly, programmatic
25 reports, data elements that were

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1 collected, those are provided by the
2 providers. So I'm -- that's what I'm
3 assuming he's talking about, we don't
4 have to collect it -- collect certain
5 things from providers anymore.

6 BY MS. COHEN:

7 Q What was the -- why did he prefer to get
8 it from the Department of Education?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: I cannot speak to the
11 specific goal of why this particular
12 project at this -- I just don't remember.

13 BY MS. COHEN:

14 Q He says this is a big breakthrough?

15 A That's what he says.

16 Q In what way was it a big breakthrough?

17 MS. JOHNSON: Object to form.

18 THE WITNESS: So as I tried to say
19 earlier and you told me not to go there,
20 was that data sharing agreements aren't
21 easy to implement between entities. And
22 so whatever the intentions were and
23 whatever they were looking to share --
24 and I don't recall the specifics of this
25 program. I did not have direct oversight

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1 of this particular project -- that would
2 have been a breakthrough, because that's
3 not typically something that exists
4 between any state agency.

5 BY MS. COHEN:

6 Q Now, looking at this original e-mail from
7 Dimple Desai, she says, Ashley. This is an e-mail
8 she sent on August 13th. Do you have it in front
9 you? It's the bottom e-mail in the 952 chain.

10 A I do.

11 Q She says: Ashley, it was wonderful to
12 see you today. Per our meeting, please find attached
13 our data elements of interest for the Georgia Apex
14 program. Looking forward to next steps in the data
15 sharing and renewed partnership with you all at DOE.

16 Does that refresh your recollection that
17 this was about GNETS?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: I have no reason to
20 believe that this was about GNETS.

21 BY MS. COHEN:

22 Q You don't know?

23 A I don't -- I don't know. Data sharing is
24 a part of the System of Care elements, and I am
25 relatively positive that in one of these System of

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1 Care reports there is language about recommendations
2 for data sharing agreements. So that is bigger than
3 GNETS. So that's -- I have no reason to believe this
4 was only about GNETS.

5 Q You don't know either way?

6 MS. JOHNSON: Object to form.

7 THE WITNESS: I do not.

8 BY MS. COHEN:

9 Q And you can't explain the statement by
10 Ms. Desai that it relates to the Georgia Apex
11 program?

12 MS. JOHNSON: Object to form.

13 THE WITNESS: Explain her
14 statement?

15 BY MS. COHEN:

16 Q Yeah.

17 A I'm not following the question.

18 Q You don't understand why she refers to
19 the Georgia Apex program in her e-mail dated
20 August 13th?

21 A I can only -- I would have to speculate.
22 I didn't author her e-mail, so I would have to
23 speculate that the data sharing agreement was
24 specific to the Apex program.

25 Q Was the data sharing agreement that Dante

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1 McKay was talking about, did it just pertain to Apex
2 data or was it broader -- I mean, to GNETS data or
3 was it broader than that?

4 MS. JOHNSON: Object to form.

5 THE WITNESS: I have no reason to
6 know that it's related to GNETS. That's
7 not in the e-mail communication chain
8 here.

9 BY MS. COHEN:

10 Q The -- why would the data fields --
11 actually, strike that.

12 I'm going to represent to you that
13 there's another e-mail from Ms. Desai to Ashley
14 Harris. For the benefit of counsel, it's GA03193311,
15 and it's attachment GA03193312. And it includes --
16 and it identifies data fields, including the students
17 SPED, experience SPED placement, disciplinary events
18 and daily GNETS segments.

19 Do you know why the Apex program would
20 request this information concerning daily GNETS
21 segments?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: I don't know that
24 Apex requested it. You said Ashley put
25 that together. Ashley is with DOE.

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1 BY MS. COHEN:

2 Q There's an e-mail --

3 A So I'm not sure.

4 Q I'm referring to an e-mail from Dimple
5 Desai --

6 A Can I see the e-mail?

7 Q Yeah, you can, but we have to take a
8 break.

9 THE VIDEOGRAPHER: The time is 4:18
10 p.m., and we are off the record.

11 (Brief pause.)

12 (Plaintiff's (Johnson) Deposition
13 Exhibits Nos. 953 and 954 were marked for
14 the record.)

15 THE VIDEOGRAPHER: The time is
16 4:40 -- the time is 4:43 p.m., and we are
17 back on the record.

18 BY MS. COHEN:

19 Q Okay. Ms. Johnson, I have put in front
20 of you two exhibits. The first is an e-mail from
21 Dimple Desai to Ashley Harris, copying Dante McKay,
22 referring to Apex Data Elements of Interest for SY
23 18-19 COE, and it's -- it has the identification
24 number GA03193311.

25 And it says: Ashley, it was wonderful to

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1 see you today. Per our meeting, please find attached
2 our data elements of interest for the Georgia Apex
3 program. Looking forward to next steps in the data
4 sharing and renewed partnership with you all at DOE.

5 A Uh-huh.

6 Q Then the attachment, 954, has data fields
7 that are highlighted. They're very pale but I think
8 you can see that they're slightly grayed out.

9 MS. COHEN: I know that Ms. Melanie
10 Johnson went looking for a color copy and
11 was unable to find it. So thank you very
12 much for that and for making the copies.

13 MS. JOHNSON: No problem.

14 BY MS. COHEN:

15 Q Do you see the data fields that are
16 highlighted here?

17 A Yes.

18 Q Okay. And they include -- and they're in
19 alphabetical order?

20 A Uh-huh.

21 Q They include Daily GNETS Segments. Do
22 you see that?

23 A I saw it.

24 Q Excuse me?

25 A I saw it.

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1 Q On Page 3?

2 A Uh-huh.

3 Q Daily GNETS Segments, which is defined
4 as -- Page 3 of Exhibit 954. Daily GNETS segments is
5 defined as the highest number of segments of GNETS
6 services provided to the student at any time during
7 the school year.

8 Do you see that?

9 A Yes.

10 Q And then also another data field
11 requested or grayed out is Days Present?

12 A Okay.

13 Q Discipline Event Identifier, which is
14 defined as a number that uniquely identifies the
15 event that caused disciplinary action for the
16 student, discipline process and SPED placement.

17 Why was the Georgia Apex program
18 requesting this information regarding daily GNETS
19 segments in August of 2019?

20 A I don't know.

21 MS. JOHNSON: Object to form.

22 BY MS. COHEN:

23 Q Would your answer be the same with regard
24 to the other data fields?

25 A Correct, yes, that would be the same.

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1 Q Okay. Let's go to another e-mail. We
2 already covered that one, so we can move on to a new
3 topic.

4 I want to ask you about a state employee
5 named Clara Keith.

6 A Yes.

7 Q Are you familiar with her?

8 A Yes.

9 Q Was she an employee of DBHDD?

10 A I can't remember her arrangement. I
11 think that D -- I think DBHDD -- I don't remember the
12 arrangement. I don't remember who -- I think she was
13 technically employed by DBHDD, but I'm not
14 100 percent sure about that. But I remember her. I
15 don't remember how she was paid, by who.

16 Q How did she come to be hired?

17 A So I -- I wasn't involved in the
18 on-boarding of her, so it's a little vague. But it
19 was related to the GNETS stuff, and she was acting
20 kind of like a consultant between -- she had a bunch
21 of department -- like education experience, and
22 was -- it felt like she was like a consultant type
23 role. But I don't -- I was not involved in the
24 logistics of on-boarding her, so I don't know the
25 specifics of that process.

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1 Q She was formerly, until she became hired
2 by DBHDD, an employee of DOE?

3 A She used to work at DOE. I don't
4 remember if she came directly from DOE to DBHDD, but
5 I know that she had -- what I recall, I thought was
6 extensive history in the Department of Education or
7 in the school systems.

8 Q You don't recall what it was?

9 A No. Like, what her role was? No. She
10 was an expert, is what I remember.

11 Q Was she hired at the suggestion of
12 someone at DOE?

13 A I don't know how her coming about -- I
14 don't know how she came about. I don't recall how
15 she came about.

16 Q Did counsel suggest hiring her?

17 A I don't know that answer. I don't know
18 that information.

19 Q Well, prior to hiring Ms. Keith, did
20 anyone at DBHDD have a discussion with counsel about
21 hiring her?

22 MS. JOHNSON: Object.

23 THE WITNESS: I did not have a
24 conversation.

25 MS. JOHNSON: I'm going to object

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1 to this line of questioning to the extent
2 that, when you refer to counsel, you're
3 referring to an attorney --

4 MS. COHEN: Yes.

5 MS. JOHNSON: -- with whom there's
6 attorney-client privilege.

7 MS. COHEN: All right. I'm going
8 to do it question-by-question and if you
9 want to direct her not to answer, that's
10 fine.

11 MS. JOHNSON: Okay.

12 MS. COHEN: So are you directing
13 her not to answer?

14 MS. JOHNSON: Yes.

15 BY MS. COHEN:

16 Q And what was said in the conversation?

17 MS. JOHNSON: Same objection and
18 instruct her not to answer.

19 BY MS. COHEN:

20 Q What was Ms. Keith's title at DBHDD?

21 A I don't remember.

22 Q Do you recall that she had a director
23 level title?

24 A I don't remember what her title was. I
25 already said I felt like she was a consultant, but I

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1 don't know what her title was.

2 Q Did she ever appear on an org chart?

3 A I've never seen her on an org chart.

4 Q Did her duties relate to children and
5 adolescent mental health?

6 A Yes.

7 Q Did she work within her duty -- within
8 your division?

9 A No.

10 Q What division did she work in?

11 A I don't recall the structure of -- I
12 don't remember who she -- she didn't work under me,
13 but I don't recall the setup there. I just don't
14 recall how that was set up.

15 Q What were her job duties?

16 A I don't know. She went -- from what I
17 remember, she was there acting as -- like a -- I keep
18 using the word consultant because that's the closest
19 thing I can think of to describe it. But it was
20 about the GNETS programs. I mean, that's all I've
21 got. I really don't remember her job description or
22 whatever it was.

23 Q What aspects of the GNETS programs were
24 relevant to DBHDD at that time?

25 MS. JOHNSON: Object to form.

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1 You can answer.

2 THE WITNESS: Say the question
3 again.

4 BY MS. COHEN:

5 Q What aspects of the GNETS program were
6 relevant to DBHDD when Ms. Keith came there?

7 MS. JOHNSON: Object to form.

8 You can answer.

9 THE WITNESS: None -- DBHDD still
10 at that time and still now does not have
11 oversights of GNETS programs. So --

12 BY MS. COHEN:

13 Q Did she have an office at DBHDD?

14 A I don't know. I don't recall where she
15 worked, to be honest.

16 Q Does it refresh your recollection if I
17 said -- suggest to you that she kept her office at
18 DOE during the time that she was employed by DBHDD?

19 A That feels like that could be accurate
20 because I do not have any recollection of her having
21 an office at DBHDD.

22 Q And you don't know who supervised her?

23 A No, I -- I just -- I don't know.

24 Q Okay. Let's look at the e-mails.

25 MS. COHEN: I'm sorry. Can I

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1 trouble you for one more copy? Let's go
2 off the record.

3 THE VIDEOGRAPHER: The time is
4 4:54 p.m., and we're off the record.

5 (Brief pause.)

6 (Plaintiff's (Johnson) Deposition
7 Exhibit No. 955 was marked for the
8 record.)

9 THE VIDEOGRAPHER: The time is
10 5:00 p.m., and we are back on the record.

11 BY MS. COHEN:

12 Q Okay. Ms. Johnson, I have put in front
13 of you what we have marked as Exhibit 955, which is
14 another e-mail chain. The top e-mail is from you.
15 I'm sorry.

16 I put in front of you an e-mail from the
17 Nakeba Rahming, I hope.

18 A Yes.

19 Q Which was CC'd to Clara Keith?

20 A Uh-huh, yes.

21 Q And this e-mail states: Hello, Monica
22 and Dante. Thank you so much for finding the time to
23 meet with Clara and I. I received such awesome
24 details about your work within the community and look
25 forward to exploring avenues on future collaboration

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1 for mental health integration with GNETS.

2 Dante, I am working on a mental health
3 service delivery model for students receiving
4 supports in GNETS programs and wondered if we could
5 meet to discuss the possibility of outlining DBHDD
6 resources and mental health services into this model.
7 Some components may already exist, which would be
8 great. I will send you some dates so that we can
9 schedule a time to meet in advance.

10 So this is an e-mail from Nakeba Rahming
11 to Monica Johnson and Dante McKay, with a CC to Clara
12 Keith?

13 A Uh-huh.

14 Q Is this an e-mail that you received in
15 May of 2016?

16 A According to the e-mail document in front
17 of me, yes.

18 Q You believe you did?

19 A Yes.

20 Q And the e-mail states that a meeting is
21 planned between you and Mr. McKay on the one hand,
22 and Nakeba Rahming and Clara Keith on the other?

23 A That's what the e-mail says.

24 Q You don't have any other recollection of
25 it?

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1 A It's seven years ago. I remember nay kef
2 I can't, I remember Clara, and there were initial
3 meetings. I don't know how many meetings, but there
4 were meetings.

5 I don't even know -- I can't even recall
6 what came out of these meetings, but we were talking
7 about GNETS. They would be -- we educated them in a
8 couple of meetings that -- this could have been one
9 that she was referencing because I remember doing --
10 what I would call -- orientation to understanding
11 what's available in the DBHDD system, because they
12 did not have a good understanding of that, how people
13 access services.

14 So that type of orientation, that's what
15 I recall.

16 Q So is what you're saying, that you met
17 with Nakeba Rahming and Clara Keith once or more than
18 once to discuss the offerings of the DBHDD Apex
19 program?

20 A No, that's not what I'm saying. What I'm
21 saying is that my meetings with them were of like --
22 so Nakeba was reporting, I think, to Clara. This is
23 my recollection of it. They were working together.
24 Nakeba was more in the weeds, so to speak. Clara was
25 acting more like a consultant. I met with both of

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1 them and -- at different points in time. I don't
2 remember how many meetings.

3 And, mostly, my role in those meetings
4 were to educate them about the children's behavioral
5 health system. It was not limited to Apex. I do not
6 know what Dante and Nakeba may have been talking
7 about because they had meetings, as well. We were
8 trying to help support whatever they were asking for.
9 Like mostly it was educational, from what my role was
10 and what I recall.

11 Q She said she was looking to exploring
12 avenues on future collaboration for mental health
13 integration with GNETS.

14 A That's what the e-mail says.

15 Q What avenues were those?

16 MS. JOHNSON: Object to form.

17 THE WITNESS: I don't recall.

18 BY MS. COHEN:

19 Q Was anyone at DBHDD generally aware of
20 the state of mental health integration at GNETS at
21 that time?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: I don't recall.

24 BY MS. COHEN:

25 Q Well, did you understand when you got the

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1 e-mail what Nakeba Rahming meant by, quote, an
2 integrated mental health delivery service -- an
3 integrated mental health service delivery model --

4 MS. JOHNSON: Object to form.

5 BY MS. COHEN:

6 Q -- for students receiving supports in
7 GNETS, closed quote?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: The only thing I can
10 remember close to maybe what you're
11 asking is, at that time, they were
12 looking at exploring -- they were looking
13 at understanding what was available in
14 the community outside of GNETS. And to
15 the best of my recollection, I believe
16 Nakeba was looking at services that GNETS
17 would provide and looking at the
18 community services that were available.

19 I don't remember anything really
20 beyond that about the depth of her work
21 related to this. My role was more
22 around -- I acted as a consultant for
23 them, like informing them about how to
24 access the system, how the providers
25 work, how our regions worked. It was

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1 more -- that was our -- most of our
2 exchanges that I can recall.

3 BY MS. COHEN:

4 Q Were you a peer of Ms. Keith on the org
5 chart -- on an org chart?

6 A I never saw her on an org chart, so I
7 don't know the answer to that. I did not see her as
8 a peer, though.

9 Q Did you see Nakeba as a peer?

10 A No, she didn't work at DBHDD and she was
11 just over just this one program.

12 Q I didn't mean peer in that sense. I mean
13 a counterpart of similar status at DOE?

14 A As to me?

15 Q Yeah.

16 A No.

17 Q So both of them were below you in status
18 at the counterpart agency?

19 MS. JOHNSON: Object to form.

20 THE WITNESS: I don't know what
21 Clara did, so I can't compare her role.
22 This reminds me, looking at the e-mail,
23 that she was over -- she was a program
24 manager over GNETS. I was a division
25 director over all of behavioral health.

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1 So they're not comparable roles.

2 BY MS. COHEN:

3 Q My understanding is this e-mail says that
4 Nakeba Rahming was the program manager for GNETS at
5 the time. Is that what you meant to say?

6 A I thought that's what I said. If I said
7 something different, I apologize.

8 Q You don't know what Clara Keith's role
9 was?

10 A I do not remember what her last role was
11 with DOE.

12 Q Does this refresh your recollection that
13 she was still at DOE at that time?

14 A If you tell me she was still there, I
15 will take your word for it. I don't remember her
16 exact -- I thought she was employed by DBHDD, maybe.
17 I knew she had a role with DOE. I don't recall the
18 logistics of that infrastructure, just that we would
19 meet with her, give her information, help her
20 understand the DBHDD network.

21 Q So you don't know -- do you know whether
22 as of August -- excuse me -- whether as of May 2016
23 DOJ was involved in discussions -- the United States
24 Department of Justice was involved in discussions
25 regarding the GNETS program?

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1 A If we were talking to Clara and Nakeba,
2 then their -- I believe that that had already
3 happened. So that -- that there was awareness.

4 Q There was an investigation ongoing?

5 A That's the purpose, as far as I recall,
6 of why they were -- why we were talking with them.

7 Q They said to you that they wanted -- in
8 light of the DOJ investigation, they wanted to
9 discuss?

10 MS. JOHNSON: Object to form.

11 THE WITNESS: I don't know that
12 that was how it was set -- can I --

13 MS. JOHNSON: You can respond.

14 I wasn't sure if you were done with
15 your question.

16 MS. COHEN: I wasn't quite. Thank
17 you, Melanie.

18 MS. JOHNSON: Please finish.

19 BY MS. COHEN:

20 Q So what you're saying is that, at the
21 time that Clara Keith and Nakeba Rahming met with
22 you, they said that they wanted to look for more
23 resources for GNETS in light of the claims of DOJ
24 that the program was not legal?

25 MS. JOHNSON: Object to form.

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1 You can answer.

2 THE WITNESS: So I don't remember
3 direct quotes of what was said. I
4 thought you had just -- you asked me
5 before did -- was there awareness. My
6 recollection -- my recollection is that
7 that was why they were introduced to us.

8 BY MS. COHEN:

9 Q Understood.

10 A Okay.

11 Q And what introduced them to you?

12 A Whoever -- was Judy commissioner at this
13 time? That's a question. I don't remember. So
14 whoever the commissioner was at this time. I can't
15 remember if it was Commissioner Berry or Commissioner
16 Fitzgerald. I don't remember which one. So which
17 ever -- whoever was commissioner and -- so if it was
18 Commissioner Berry, then it would have been him and
19 Judy, when she was chief of staff. But if it was not
20 Commissioner Berry, if he wasn't still there, then it
21 would have been Judy. But I don't remember for sure.

22 Q Do you recall in --

23 A -- who was commissioner.

24 Q -- what capacity -- what they said about
25 why you should meet with them?

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1 MS. JOHNSON: Object to form.

2 THE WITNESS: To provide
3 information and to help them understand
4 our system.

5 BY MS. COHEN:

6 Q You'd never met with them previously?

7 A No, not until they -- I never met -- I
8 didn't know them until they started working -- when
9 Clara came and then, after Clara, I met Nakeba.

10 Q I see. So Clara was already at DBHDD at
11 the time of this e-mail?

12 A I don't -- I don't know. I don't -- I
13 would assume yes, because it looks like we already
14 are talking. And it said, thank you for the time for
15 meeting with Clara and I. So I -- based on that, she
16 was there.

17 Q Well, was she at DBHDD at this time or
18 was she still employed by the Department of
19 Education?

20 A So I think I've said earlier, I don't
21 know the logistics of how she was employed and -- so
22 I don't know those logistics, who was paying -- I
23 think DBHDD was paying her, I think she was a DBHDD
24 employee, how is that -- you just said earlier at DOE
25 is where her office was.

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1 Q Once she came to DBHDD, how often did you
2 meet with her?

3 A I don't remember.

4 Q Was it once or more than once?

5 A I met with her more than once.

6 Q Was it more than five times?

7 A I'm not sure.

8 Q You don't know if it was more than five
9 times?

10 A I really don't know the answer to that.

11 Q Did the commissioner meet with her?

12 A Yes.

13 MS. JOHNSON: Object to form.

14 BY MS. COHEN:

15 Q How many times did the commissioner meet
16 with her?

17 MS. JOHNSON: Object to form.

18 THE WITNESS: I don't know.

19 BY MS. COHEN:

20 Q Did Mr. McKay meet with her?

21 MS. JOHNSON: Object to form.

22 THE WITNESS: Yes.

23 BY MS. COHEN:

24 Q And how many times did he meet with her?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: I don't know.

2 BY MS. COHEN:

3 Q And I think you've already testified she
4 did not work in the division of behavioral health?

5 A No. She was not -- she was not in my
6 division.

7 Q And did she leave DBHDD after a time?

8 A After a time she was gone.

9 Q Would you say her tenure at DBHDD was a
10 success?

11 MS. JOHNSON: Object to form.

12 THE WITNESS: I can't -- I don't
13 know.

14 BY MS. COHEN:

15 Q You don't know? What were her principal
16 activities while she was at DBHDD?

17 A I don't know.

18 Q I'm going to mark as 5 -- is it 957 --
19 956. I'll mark as Exhibit 956 an e-mail from Monica
20 Johnson to Vickie Cleveland dated March 6th, 2018,
21 copying Dante McKay.

22 (Plaintiff's (Johnson) Deposition
23 Exhibit No. 956 was marked for the
24 record.)

25 THE WITNESS: Okay.

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1 BY MS. COHEN:

2 Q I've just marked as Exhibit 956 this
3 e-mail, which has the Bates number GA00051015, dated
4 March 6th, 2018.

5 Does reviewing this e-mail refresh your
6 recollection that Clara Keith had left DBHDD as of
7 March 6th, 2018?

8 A Yes, based on the e-mail.

9 Q And --

10 A Well, let me clarify. I don't know based
11 on this e-mail that she left on March 6th. I sent
12 the e-mail on March 6th, but I don't know that that
13 means that's when she left.

14 Q Did she leave about this time?

15 A I'm not -- I don't recall.

16 Q Well, it says in the e-mail: Hi Vickie.
17 It was --

18 And this is an e-mail from you?

19 A Uh-huh.

20 Q Hi Vickie. It was nice meeting you, as
21 well. Dante, Vickie is taking over for Clara Keith,
22 who has left the position she was in with DBHDD.

23 So does that refresh your recollection
24 that she had left DBHDD by this time?

25 A The only thing that I clarify was that

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1 just because I sent the e-mail on March 6th does not
2 mean that's when Clara Keith left. Clara Keith
3 obviously left. I did know that already. But I
4 don't know the time difference --

5 Q I see.

6 A -- of when Vickie came and Clara left,
7 correct.

8 Q She left prior to March 6th, 2018?

9 A Correct.

10 Q I understand what you're saying.
11 And it says: I had an opportunity to
12 meet Vickie last week and know that Clara left us in
13 good hands.

14 Did you have a meeting with Vickie?

15 A According to this e-mail, but I don't
16 even remember Vickie. I couldn't tell you what
17 she looks -- I remember Clara. I could describe her.
18 I can't even remember who -- so I must have met with
19 her, obviously, based on this e-mail, but I don't
20 think I met with her beyond whatever this was because
21 I don't even remember her.

22 Q Was the meeting in-person or was it by
23 telephone?

24 A I don't know. I have no idea.

25 Q Then it goes on to say: I promised

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1 Vickie I would connect her with you.

2 Was this the first time that Dante McKay
3 was informed that Clara Keith had left?

4 A I don't know.

5 Q Did Vickie, in taking over from Clara
6 Keith or for Clara Keith, become an employee of
7 DBHDD?

8 A I have no idea. In her -- her title --
9 her signature title is different than what Clara did.
10 Her title actually matches more of the previous
11 e-mail, Nakeba. So they have a similar title. So
12 I'm not sure what the shuffling was. I don't
13 remember the -- because it doesn't look like an
14 exact. I just don't recall and I only can go based
15 on what's here.

16 Q But Clara Keith and Nakeba -- excuse me.
17 Both Vickie Cleveland and Nakeba Rahming
18 were program manager of GNETS, for a title?

19 A Based on these two e-mails.

20 Q Uh-huh. And then you go on to say in
21 your e-mail: An immediate ask will be related to CYF
22 partnering to provide training relating to accessing
23 services. Vickie will provide you with more
24 information.

25 A Uh-huh.

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1 Q What was said prior to Vickie's taking
2 over at DBHDD about whether she should become an
3 employee of DBHDD or remain at DOE?

4 MS. JOHNSON: Object to form.

5 THE WITNESS: I have no knowledge
6 of that.

7 BY MS. COHEN:

8 Q And when you said that DBHDD has been
9 left in good hands with Vickie Cleveland, did you
10 actually know anything about Vickie Cleveland or were
11 you just being courteous?

12 A I was being courteous. It's common for
13 me to be courteous in e-mails.

14 Q Was DOE, as of the date of this e-mail,
15 still seeking to establish an integrated mental
16 health services model at GNETS with the assistance of
17 DBHDD?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: I don't know. Based
20 on the e-mail, it looks like we were
21 restarting because we were, again, doing
22 what I said earlier, which was
23 essentially providing training related to
24 how do you access services.
25

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1 BY MS. COHEN:

2 Q So when you say restarting, you mean
3 reframing the relationship to focus --

4 A Because it was a new person --

5 Q -- on training?

6 A What I remember is -- and reading this.
7 So reading this and what makes sense and what I can
8 recall, Vickie and Nakeba were no longer involved. A
9 new person is now involved. So now we are doing the
10 same thing that we was doing before, which was
11 helping that this DOE staff understand how to access
12 services in the community.

13 And based on this e-mail, I wasn't doing
14 that again. I just told Dante to do it.

15 Q Let me mark as the next e-mail, which is
16 957, another e-mail chain from -- the top e-mail is
17 from Monica Johnson on August 21st, 2020 to Dante
18 McKay, copying Monica Patel and Wendy Tiegreen.

19 (Plaintiff's (Johnson) Deposition
20 Exhibit No. 957 was marked for the
21 record.)

22 MS. COHEN: I think -- can I borrow
23 that stapler back?

24 And this e-mail was produced as
25 GA02600537.

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1 THE WITNESS: Okay.

2 BY MS. COHEN:

3 Q And in August of 2020 a query was going
4 around DBHDD as to who Clara Keith was?

5 A Correct.

6 MS. JOHNSON: Fran, I'm sorry. I'm
7 going to object. I think this is a
8 privileged document that may have been
9 inadvertently produced. So if I could
10 just have -- if we could go off the
11 record for moment so I could speak with
12 my client.

13 MS. COHEN: Sure.

14 MS. JOHNSON: Thank you.

15 MS. COHEN: Do you want us to
16 leave?

17 THE VIDEOGRAPHER: The time is
18 5:24 p.m., and we are off the record.

19 (Brief pause.)

20 THE VIDEOGRAPHER: The time is
21 5:26 p.m., and we are back on the record.

22 MS. JOHNSON: So this document was
23 inadvertently produced. It is
24 privileged, and so I'm going to instruct
25 the witness not to answer any further

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1 questions on it, and we will follow up
2 with DOJ and recall this document.

3 BY MS. COHEN:

4 Q Okay. Let me ask a question.

5 Does the document refresh your
6 recollection that, in 2020, Dante had no knowledge of
7 who Clara Keith was?

8 MS. JOHNSON: I'm going to --

9 BY MS. COHEN:

10 Q I mean, excuse me, Wendy Tiegreen has no
11 knowledge -- had no knowledge of who Clara Keith was?

12 MS. JOHNSON: And same objection
13 and I'm going to instruct the witness not
14 to answer.

15 BY MS. COHEN:

16 Q Does it refresh your recollection that,
17 in August of 2020, Wendy Tiegreen thought that Clara
18 Keith might have been one of the BCBA psych interns
19 that worked under Darlene for IDD?

20 MS. JOHNSON: Same objection and
21 instruct the witness not to answer.

22 BY MS. COHEN:

23 Q And Dante says in his e-mail that Clara
24 was a shared employee between DBHDD and DOE. I
25 interacted with her maybe twice. She reported to

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1 either Jeff or Amy?

2 MS. JOHNSON: Same objection and
3 instruct the witness not to answer.

4 BY MS. COHEN:

5 Q Let me ask you this. Who are Jeff and
6 Amy in DBHDD world?

7 A Amy does not work there anymore. She was
8 a former assistant commissioner and general --
9 general counsel. Jeff --

10 Q What was her last name?

11 A Howell.

12 Q Amy Howell?

13 A Uh-huh.

14 Q And who was Jeff?

15 A Jeff Minor was a former deputy
16 commissioner.

17 Q Do you know why Clara Keith would report
18 to Amy or Jeff in 20 -- when she worked for DBHDD?

19 MS. JOHNSON: Object to form.

20 THE WITNESS: They were -- they
21 were both like assistant level deputy
22 commissioners. So that doesn't seem odd
23 to me. I mean -- yeah.

24 BY MS. COHEN:

25 Q Was she -- did she have legal training?

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1 A I have no idea what kind of training she
2 had.

3 Q Was she hired to report to Jeff and Amy
4 concerning the GNETS litigation or investigation?

5 MS. JOHNSON: Object to form.

6 THE WITNESS: I don't know. I said
7 earlier I don't know the logistics of
8 that on-boarding and some of those
9 components.

10 BY MS. COHEN:

11 Q What was Ms. Tiegreen's role in August of
12 2020?

13 A I -- I don't know her exact title. She's
14 basically the Medicaid coordinator liaison person.

15 Q Did you work closely with Ms. Tiegreen?

16 A Yes.

17 Q Did Dante work closely with Ms. Tiegreen?

18 A Yes.

19 Q So it's likely that if Clara Keith was
20 working on children -- child and adolescent mental
21 health at DBHDD at this time, Ms. Tiegreen would have
22 heard of her?

23 MS. JOHNSON: Object to form.

24 THE WITNESS: No. That's not
25 likely. That's not an assumption that

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1 should be made.

2 BY MS. COHEN:

3 Q Were you surprised -- does it surprise
4 you that Dante had only two interactions with Clara
5 Keith?

6 MS. JOHNSON: Object to form.

7 THE WITNESS: I don't know how many
8 interactions that he had with her.

9 BY MS. COHEN:

10 Q I'm going to mark as Exhibit 958 -- oh,
11 I'm sorry. This is already marked as 841. Let me
12 show it to you.

13 Does this refresh your recollection that,
14 in 2020, Ms. Layla Fitzgerald became a liaison
15 between DOE and DBHDD?

16 A Okay. So, yeah, this is the confirmation
17 I've been looking for all day. I couldn't recall,
18 but I thought it was probably her.

19 Q And you recall that you reviewed this
20 memorandum at various stages, and the attachments?

21 MS. JOHNSON: I'm sorry. What
22 document is this? Is this an exhibit?

23 MS. COHEN: 841.

24 THE WITNESS: Yes, is the answer to
25 the question.

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1 BY MS. COHEN:

2 Q So you were looped in on that liaison
3 relationship?

4 A Yes, which is why I was fairly confident,
5 but not 100 percent, that it was Layla. I didn't
6 remember if it -- at 100 percent. But I was very
7 much aware of the lead-in and the work and some of
8 the planning that Dante was leading with DOE around
9 the shared position.

10 Q And what was the purpose of the shared
11 position?

12 MS. JOHNSON: Object to form.

13 THE WITNESS: You'd have to look at
14 the MOU. So it kind of outlines on the
15 MOU several -- do you want me to read
16 them or --

17 BY MS. COHEN:

18 Q Maybe you could direct my attention to
19 the paragraph.

20 A So on page -- so on Page I, it starts
21 with: The parties understand that -- at the
22 bottom -- it would be beneficial for the behavioral
23 health liaison to belong to Department -- Georgia
24 Department of Education.

25 Q Hang on for a second because it's very

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1 late in the day, so I'm going to have to step in for
2 Tanya, if you could read it slowly.

3 A So it would be beneficial for the
4 behavioral health liaison to be loaned to Georgia DOE
5 for the purpose of.

6 And then there's several items. Asset
7 mapping, behavioral health related resources programs
8 and initiatives, defining the tiers of support within
9 G -- Georgia DOE and DBHDD to support students. I
10 mean, it goes on. There's several things listed here
11 of what was being agreed upon in the MOU.

12 MS. JOHNSON: Do you have another
13 copy of this exhibit?

14 MS. COHEN: I don't, but you can
15 have this one if you'd like.

16 MS. JOHNSON: I'll glance at it
17 quickly.

18 BY MS. COHEN:

19 Q And none of this related to GNETS, as far
20 as you know?

21 A No, this is not specific to GNETS.

22 Q Did you understand that GNETS was
23 excluded from Ms. Fitzgerald's work?

24 MS. JOHNSON: Object to form.

25 THE WITNESS: I never asked the

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1 question, so I never knew one way or the
2 other.

3 MS. COHEN: Do you want it?

4 MS. JOHNSON: If this is an extra
5 one, I'll keep it.

6 BY MS. COHEN:

7 Q I want to ask you about Mr. McGiboney's
8 departure.

9 A Can I ask for a quick pause? I want to
10 read -- I want to make sure --

11 Q Sure.

12 A Okay. I just wanted to -- you asked me
13 the question about the exclusion of GNETS, and I
14 thought that this MOU was broader. And it is broader
15 and it doesn't have language about excluding, because
16 this was not just about Apex. So I just wanted to
17 clarify.

18 Q I don't want to mislead you. My
19 understanding was that it was an oral exclusion and
20 it related to a conversation that Layla had with
21 Ashley Harris.

22 A Okay.

23 Q And Dante was aware of it. Did you know
24 that Dante was aware of the exclusion?

25 MS. JOHNSON: Object to form.

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1 THE WITNESS: He would have to be
2 because earlier today we talked about the
3 FAQs, and in the FAQs it's there, so yes.

4 BY MS. COHEN:

5 Q Now at a certain point Garry McGiboney
6 left and there was some e-mail discussion of that at
7 DBHDD. Do you remember that?

8 A No.

9 (Plaintiff's (Johnson) Deposition
10 Exhibit No. 958 was marked for the
11 record.)

12 BY MS. COHEN:

13 Q Okay. I've marked as Exhibit 958 an
14 e-mail chain, the top e-mail is from you dated
15 September 4th, 2020. The production number is
16 GA0021797. And this is an e-mail from you to Judy
17 Fitzgerald regarding -- it's a forward of an e-mail
18 relating to Garry McGiboney comments.

19 So what was happening here is that you
20 were forwarding an e-mail that Dante had sent to you?

21 A Can I have a second to read it?

22 Q Sure. Take your time.

23 A Okay.

24 Q This is an e-mail chain involving
25 Mr. McGiboney and Talley Wells. Was Tally Wells

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1 someone who was known to you at the time of this
2 e-mail?

3 A Yes.

4 Q And how did you know him?

5 A Through the DOJ settlement agreement.

6 Q He was involved in monitoring compliance
7 in the DOJ settlement agreement?

8 A No. He was a part of -- at least I
9 believe he was a part of the -- what was known as the
10 amici. So it was a group of advocates and folks that
11 was a part of that group, related to that settlement
12 agreement. That's how I know Talley.

13 Q He represented an advocacy group or he
14 was involved within advocacy group, an amici?

15 A I want to look Aileen so she can just
16 say. She knows the answer. I don't know what
17 Talley's official role was. I don't remember what
18 group he was with, but he was a part of the
19 collective of the -- it was called the amici and he
20 was a person that was very involved in watching the
21 settlement agreement unfold.

22 Q Okay. And this was an e-mail originally
23 to -- Mr. Wells' e-mail was from Dante to Garry -- I
24 mean, was to Dante and Garry McGiboney on
25 August 24th, 2020. And then Mr. McGiboney replies

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1 the next day, August 25th, 2020, and he says: I need
2 to let you know that I was recently blindsided at the
3 Georgia DOE. They took away mental health School
4 climate/PBIS, school safety, school discipline and
5 policy work away from me, which left me working only
6 with public health.

7 Do you know who -- who Mr. McGiboney felt
8 blindsided him?

9 A I have no idea.

10 Q Did you ever hear any rumors about it --

11 A No.

12 Q -- through the rumor mill?

13 A Uh-uh. Not that I could recall.

14 Q You don't recall?

15 A Uh-uh.

16 Q Did you ever hear that Matt Jones was
17 involved?

18 A I don't know. I don't know who that is
19 in this moment. I don't recall.

20 Q The chief of staff?

21 A Yeah, I don't know. I did not hear that
22 specific level of detail and that doesn't sound
23 familiar to me at all.

24 Q And you say in your e-mail to Judy
25 Fitzgerald, I'm going to the second sentence: See

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1 below change about Garry McGiboney at DOE. I
2 understand that he took this really hard and a
3 wellness check was done on him.

4 What -- what is a wellness check? What
5 did you mean to say by wellness check?

6 A When there's a concern about someone's
7 health or safety. And -- I don't recall if this was
8 a formal wellness, but a formal wellness -- anybody
9 can call like adult protection services and send
10 somebody out and say you're concerned. I don't know
11 what was behind this wellness check. I don't recall
12 that.

13 Q A wellness check is done by adult
14 protection services?

15 A It could be, but I don't know if that's
16 what was done here.

17 Q Would a wellness check relate to the
18 possibility of self harm?

19 A It could.

20 Q Is that what you were referring to in
21 958?

22 MS. JOHNSON: Object to form.

23 THE WITNESS: I don't recall. I
24 mean, reading this, I do remember that I
25 understood him to be very devastated, as

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1 he wrote in the e-mail, but I don't
2 remember the details around -- I just
3 don't remember the details around the
4 other components. Who did a wellness
5 check, did that even happen, was it a
6 rumor, I don't know.

7 BY MS. COHEN:

8 Q So do you recall ever meeting with Vickie
9 Cleveland?

10 A I said earlier, I don't even remember
11 her. I can't even think of what she looked like, but
12 obviously we met because there's an e-mail that says
13 we met.

14 Q Did you -- subsequent to that e-mail, did
15 you ever participate in any meeting with Vickie
16 Cleveland?

17 A At the -- I don't recall.

18 MS. COHEN: Why don't we take a
19 short break and I'll get organized and we
20 are very close to being finished.

21 THE VIDEOGRAPHER: The time is
22 5:44 p.m. We are off the record.

23 (Brief pause.)

24 THE VIDEOGRAPHER: The time is
25 5:54 p.m. We're back on the record.

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1 BY MS. COHEN:

2 Q Do you remember there was a lot of
3 trouble scheduling and meeting with Vickie Cleveland?

4 A I don't recall.

5 (Plaintiff's (Johnson) Deposition

6 Exhibit No. 959 was marked for the
7 record.)

8 BY MS. COHEN:

9 Q I'm going to mark as Exhibit 959 an
10 e-mail produced with the number GA00172587, which
11 appears to be an Outlook Invite from Cedric Bryant.

12 Who is Mr. Bryant?

13 A He was my executive assistant.

14 Q And he scheduled the meeting with Clara,
15 Keith, Nakeba Rahming and Dante in March of 2016?

16 A Per this e-mail -- per this paper in
17 front of me, yes, but it looks like it's an error
18 because we would not have met at 8:00 p.m. at night
19 and ended at 9:00 p.m.

20 Q Do you know if any meeting occurred with
21 that group?

22 A Yes, we've -- I've met with each of the
23 people here. We've had -- we've all been in the same
24 meeting before, but not at 8:00 p.m.

25 (Plaintiff's (Johnson) Deposition

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1 Exhibit No. 961 was marked for the
2 record.)

3 BY MS. COHEN:

4 Q Okay. Let me put in front of you 961,
5 which is an e-mail from yourself to Mr. McKay, Re
6 Burning Questions, GA00174295.

7 MS. LEVERT: Do you mean 961?

8 MS. COHEN: Excuse me?

9 MS. LEVERT: Do you mean 961?

10 MS. COHEN: This is Exhibit 961.

11 MS. LEVERT: I'm sorry, Fran. Can
12 you repeat the Bates number again?

13 MS. COHEN: Yeah, Sandra. It's
14 GA00174295. And this is an e-mail from
15 Monica Johnson to Mr. McKay sent on
16 October 13th, 2016.

17 BY MS. COHEN:

18 Q Do you recognize this e-mail,
19 Ms. Johnson?

20 A No.

21 Q Do you believe this to be an e-mail that
22 you sent to Dante McKay on October 13th, 2016?

23 A Well, I'm not sure -- this looks like
24 Dante asked me questions. MJ is me responding. So
25 I -- this is an exchange, but it looks like -- it

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1 looks like something is missing here. But this looks
2 like there's questions asking. It looks like Dante
3 asked questions. Wherever you see MJ, that's me
4 responding.

5 Q Okay. So looking at Question 1: I meet
6 with Amy tomorrow at 9:00 a.m. Anything in
7 particular I should know going in?

8 MS. JOHNSON: I'm just going to
9 interject here. If Amy is an attorney --

10 THE WITNESS: She was.

11 MS. JOHNSON: -- with DBHDD or --

12 THE WITNESS: She was our general
13 counsel.

14 MS. JOHNSON: Okay. I'm sorry. I
15 just want to review this for just a
16 moment.

17 So we'll just take it question by
18 question. To the extent anything
19 requires you to -- to the extent a
20 response would require you to reveal
21 privileged information that Amy said to
22 you, or any other attorney, I'll instruct
23 you not to respond, but we can proceed.

24 BY MS. COHEN:

25 Q Okay. It says: MJ. No, she wants to

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1 make sure you have all the context for what is
2 happening with DOJ and DOE to make sure you don't
3 inadvertently step into anything when interacting
4 with DOE or GNETS. I don't think it will be new
5 information per se, just making sure we are all on
6 the same page.

7 What was the concern about Mr. McKay
8 stepping into something inadvertently when
9 interacting with DOE or GNETS?

10 MS. JOHNSON: So I'll direct you
11 not to answer if that was privileged
12 legal advice from Amy.

13 BY MS. COHEN:

14 Q Are you taking the position that it was?

15 A I am, because the first thing says, I
16 meet with Amy tomorrow. So this is conversation that
17 feels privileged to me.

18 Q Your counsel will have to direct you not
19 to answer.

20 MS. JOHNSON: I'm sorry. I thought
21 I did instruct you not to answer.

22 MS. COHEN: It was a conditional
23 instruction. You said if Amy was.

24 MS. JOHNSON: Yes. Yeah, then I
25 wanted to take it question by question,

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1 and I thought I objected to this one and
2 instructed you not to respond.

3 THE WITNESS: Okay.

4 MS. JOHNSON: In case I didn't,
5 please don't respond to this question on
6 the grounds of attorney-client privilege.

7 BY MS. COHEN:

8 Q There's a reference to an LA team
9 meeting. What does that refer to?

10 A Where are you?

11 Q I'm now in that same paragraph, in the
12 sentence: Especially important since we had the LA
13 team meeting with Nakeba and Clara. I will have to
14 tell you about that, as well.

15 MS. JOHNSON: If the response would
16 require you to reveal privileged
17 conversations with counsel, then I'll
18 instruct you not to. Answer and it
19 sounds like you -- well, I'll let you
20 respond.

21 THE WITNESS: I think it's just a
22 typo. I don't think there's such a thing
23 as LA team meeting.

24 BY MS. COHEN:

25 Q Okay. What do you think was the intended

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1 word?

2 A My best guess is last.

3 Q Last?

4 A Last.

5 Q Last meeting. When was the -- what was
6 the topic of the last meeting with Nakeba and Clara?

7 A I don't recall.

8 Q It says: I will have to tell you about
9 that, as well.

10 Did you ever tell Mr. McKay about that?

11 A This is 2016. I don't recall.

12 Q And it also says: Ask Amy for her
13 feedback about that meeting. It's the same as mine.
14 We debriefed it.

15 Does that refresh your recollection
16 regarding what your reaction to the meeting was?

17 MS. JOHNSON: And if that pertains
18 to your meeting with Amy and involving
19 legal advice, then I'll instruct you not
20 to answer.

21 THE WITNESS: Okay.

22 BY MS. COHEN:

23 Q Do you know that Dante McKay was invited
24 to speak in Milledgeville for GNETS?

25 A I don't recall.

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1 (Plaintiff's (Johnson) Deposition

2 Exhibit No. 962 was marked for the
3 record.)

4 BY MS. COHEN:

5 Q Let me show you what has been marked as
6 Exhibit 962, which is an e-mail from Nakeba Rahming
7 to Dante McKay, with the production number
8 GA00175100, dated December 2nd, 2016. Sorry.
9 There's a second page.

10 A Okay.

11 Q So let's look at the bottom e-mail, which
12 is an e-mail from Nakeba Rahming to Monica Johnson,
13 copying Clara Keith. And do you see that Clara Keith
14 had a DBHDD e-mail?

15 A Yes.

16 Q And does that refresh your recollection
17 of her role at DBHDD?

18 A No, I mean, it doesn't change anything.
19 I mean, I see she has the e-mail address. I still --
20 everything I still said earlier about my
21 understanding of her role and how it was structured
22 is the same.

23 Q Well, in this e-mail, Nakeba Rahming
24 says: Hello, Monica. Thank you for meeting with
25 Clara and I on September 29th, 2016. The details

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1 that you provided regarding DBHDD services were very
2 informative and helpful and I look forward to DBHDD
3 sharing this information with the GNETS directors.

4 I sent Dante an e-mail to confirm his
5 attendance at our GNETS directors meeting and he
6 informed you that you will now be the point person to
7 support us with information regarding GNETS. Dante
8 was scheduled to join us on October 18th or 19th.
9 Will you let me know which date and time you are
10 available on October 18th or 19th. The meeting will
11 be in Milledgeville, and we think that the
12 information that you shared will help the GNETS
13 director have a better understanding about the
14 services provided by DBHDD and how students access
15 them.

16 Now, did there come a time in October of
17 2016 when you and Dante agreed that you would be the
18 point person in meeting with DOE regarding -- about
19 information regarding GNETS?

20 Got to go for the verbal answers.

21 A So, no, I don't know when -- this e-mail
22 is me redirecting Nakeba back to Dante for this
23 presentation ask. I was the primary point person
24 working with Clara. And so Nakeba misunderstood and
25 thought -- this was me redirecting her back to, no,

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1 you still -- Dante would do that presentation. That
2 would not be me.

3 Q You were the primary point person for
4 what --

5 A For whatever Clara's official role was, I
6 was her point person. So like I said, I met with
7 her. If she had questions, she would reach out to
8 me. If I could not answer them, I would get the
9 answer or connect her with who -- you know, Dante or
10 whoever would be appropriate. But that's the way it
11 was set up, that I was her point person.

12 Q She didn't report to you, though?

13 A No.

14 Q And she wasn't in your division?

15 A No.

16 Q Did Mr. McKay go out to Milledgeville?

17 A I don't know. It looks like from the
18 e-mail they were still trying to figure out the
19 schedule.

20 Q Now, do you recall when Vickie Cleveland
21 came to work at -- I mean, took over from Clara
22 Keith, there were calls scheduled by Ruth Rogers?

23 A I don't recall that without you showing
24 me something, but --

25 Q Who is Ruth Rogers?

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1 A She was the executive assistant for the
2 commissioner.

3 Q And she was involved in scheduling
4 matters that the commissioner attended?

5 A Yes.

6 Q Did she schedule matters for other
7 people?

8 A I don't know. I don't know all of her --
9 what all her responsibilities were. She was the
10 executive assistant for the commissioner, and in that
11 role she did scheduling for the commissioner.

12 (Plaintiff's (Johnson) Deposition
13 Exhibit No. 963 was marked for the
14 record.)

15 BY MS. COHEN:

16 Q Let me show you what's been marked as
17 exhibit 963. This is GA01458072, an e-mail from
18 Dante McKay to Ruth Rogers, Re Vickie Cleveland/DBHDD
19 Leadership. And it's dated March 7th, 2019.

20 A Okay.

21 Q And this relates to a meeting that had
22 been scheduled for March 7th, 2019 from 11:00 a.m. to
23 12:00 p.m. on the 24th floor in the commissioner's
24 conference room at DBHDD?

25 A According to the paper.

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1 Q And the top e-mail is from Dante McKay to
2 Ruth Rogers, copying you, Re Vickie Cleveland/DBHDD
3 leadership. And it says: Hi Ruth. I called in and
4 held on the line for ten minutes. No one else ever
5 joined. Dante.

6 Do you recall that Vickie Cleveland did
7 not show up at several scheduled meetings with the
8 commissioner?

9 MS. JOHNSON: Object to form.

10 THE WITNESS: I have no idea. I
11 don't have any recollection of that.

12 (Plaintiff's (Johnson) Deposition
13 Exhibit No. 964 was marked for the
14 record.)

15 BY MS. COHEN:

16 Q Let me show you what I've marked as
17 Exhibit 964, which is an e-mail from Ruth Rogers
18 dated -- GA01458073, and this is an e-mail of
19 March 7th, 2019.

20 A Okay.

21 Q This is a meeting between -- this is an
22 e-mail between Ruth Rogers and Dante McKay, and
23 copying Dante McKay and you?

24 A It was to other people. So Amy Howell is
25 on here, Dante, Jeff.

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1 Q Ms. Howell was -- and Jeff Minor were
2 included as CCs?

3 A Yes.

4 Q Okay. If you look down the page to the
5 next e-mail, it's from Dante McKay of the same date,
6 March 7th, to Ruth Rogers, copying you. And it's
7 that e-mail we looked at a little while ago.

8 A Right.

9 Q Hi Ruth, I called in and held on the line
10 for ten minutes. No one else ever joined.

11 A Okay.

12 Q And then, as a result -- following that
13 meeting where Vickie Cleveland did not join,
14 according to Mr. McKay, in the first ten minutes,
15 Ruth Rogers sends out her e-mail thereafter.

16 Do you see the time stamp is 6:02 p.m.?

17 A Okay. I see it.

18 Q And Ruth Rogers said that Ms. Cleveland
19 had previously agreed to join the conference call,
20 confirmed by e-mail?

21 A That's what it says, yes.

22 Q And do you recall that, following the
23 failed March 7th meeting, there was a decision by the
24 DBHDD executive team to redelegate the scheduling and
25 monitoring of Vickie Cleveland's meetings to the

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1 behavioral health team?

2 A Yes, now that I see the e-mails, and
3 that's why said Cedric scheduled the meeting, the
4 e-mail that you asked me about a few minutes ago.
5 You asked me who was Cedric Bryant and he was
6 scheduling the meeting with her. So now that I'm
7 seeing the e-mails, I do remember that the scheduling
8 went from Ruth to Cedric.

9 Q Who is the executive team?

10 A That's me. So Cedric was my executive
11 assistant. And so all Ruth is saying is, she's not
12 going to schedule these. Cedric will pick these up.
13 That's what she's saying.

14 Q So what Ruth was saying is the
15 commissioner is not going to put these meetings on
16 her calendar. Cedric will schedule on behalf of the
17 division of behavioral health?

18 MS. JOHNSON: Object to form.

19 THE WITNESS: Yes, per this e-mail.

20 BY MS. COHEN:

21 Q And do you know why Ms. Howell -- and
22 Ms. Howell and Jeff Minor had been included in the
23 prior e-mail --

24 A Uh-huh.

25 Q -- Invite?

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1 A Yes, according to this e-mail.

2 Q And you were requesting a change -- or,
3 I'm sorry. The Office of the Commissioner, Ruth
4 Rogers, is requesting that Amy Howell and Jeff Minor
5 be changed to optional attendees or on an as-needed
6 basis, with the change in the meeting to the division
7 of behavioral health?

8 MS. JOHNSON: Object to form.

9 THE WITNESS: That's what the
10 e-mail says, and I do remember that
11 transition.

12 BY MS. COHEN:

13 Q What was the reason for it?

14 A Well, most of the topics were just me and
15 Clara communicating or me, Dante and Nakeba. I mean,
16 we had it. So if we needed to bring in anyone else,
17 we could, but, I mean, we had it.

18 Q Why had counsel been included previously?

19 A Amy Howell was general counsel and
20 assistant commissioner. So she had other
21 responsibilities other than just general counsel.

22 Q Why was she included?

23 A I don't know. Because the commissioner
24 chose to include her.

25 Q And why was Mr. Minor included?

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1 A Because the commissioner chose to include
2 him.

3 Q Mr. Minor was counsel, as well?

4 A No. He was deputy commissioner.

5 Q For what area?

6 A For the department. That was his title,
7 Deputy Commissioner.

8 Q Can you recall any of the meetings that
9 you attended with Vickie Cleveland?

10 A I cannot.

11 Q Do you recall at a certain point in time
12 there was a transition from your being included in
13 the meetings to the meetings being assumed by
14 Mr. McKay?

15 A That's possible.

16 Q And that the frequency of the meetings
17 was reduced to every other month?

18 A I don't recall the detail.

19 Q But you can't recall a single meeting
20 with Ms. Cleveland?

21 A I've said -- I'm saying the same thing.
22 No, I don't -- I don't remember her. I just don't
23 remember her. But obviously I met with her because
24 there's a communication that says, Hi Vickie, it was
25 nice to meet you, et cetera. But I don't remember

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1 her.

2 MS. COHEN: Okay. Let's take a
3 brief break and then I'm hoping we can
4 excuse you subject to any questions that
5 your lawyer may have.

6 THE VIDEOGRAPHER: The time is
7 6:19 p.m. We're off the record.

8 (Brief pause.)

9 THE VIDEOGRAPHER: The time is
10 6:20 p.m., and we are back on the record.

11 MS. COHEN: Okay. We have no
12 further questions from the Department of
13 Justice, subject to anything that
14 Ms. Melanie Johnson might ask.

15 MS. JOHNSON: And I have no
16 questions, either.

17 MS. COHEN: So this deposition is
18 concluded subject to our reservation on
19 the questions that you directed not to
20 answer.

21 MS. JOHNSON: Okay.

22 THE VIDEOGRAPHER: The time is
23 6:21 p.m., and we are off the record.
24
25

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1 (Thereupon, the deposition was
2 concluded at approximately 6:21 p.m.)
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D I S C L O S U R E

The following representations and disclosures are made in compliance with Georgia Law, more specifically:

Article 10(B) of the Rules and Regulations of the Board of Court Reporting (disclosure forms).

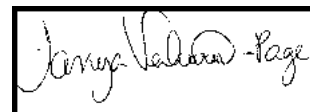
OCGA 9-11-28(c (disqualification of reporter for financial interest). OCGA 15-14-37(a) and (b) (prohibitions against contracts except on a case-by-case basis.)

I am a certified court reporter in the State of Georgia. I am a subcontractor for Esquire Deposition Solutions. I have been assigned to make a complete and accurate record of these proceedings.

I have no relationship of interest in the matter on which I am about to report which would disqualify me from making a verbatim record or maintaining my obligation of impartiality in compliance with the Code of Professional Ethics.

I have no direct contract with any party in this action and my compensation is determined solely by the terms of my subcontractor agreement.

This 13th day of March, 2023.



Tanya L. Verhoven-Page,
B-1790.

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C E R T I F I C A T E

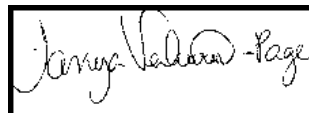
STATE OF GEORGIA:

FULTON COUNTY:

I hereby certify that the foregoing deposition was reported, as stated in the caption, and the questions and answers thereto were reduced to written page under my direction, that the preceding pages represent a true and correct transcript of the evidence given by said witness.

I further certify that I am not of kin or counsel to the parties in the case, am not in the regular employ of counsel for any of said parties, nor am I in any way financially interested in the result of said case.

Dated this 13th day of March, 2023.



Tanya L. Verhoven-Page,
Certified Court Reporter,
B-1790.

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ESQUIRE ERRATA SHEET

Esquire Job ID: J9346742

Case Caption: USA v. State of Georgia

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my deposition taken in the above-captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on this _____ day of

_____, 2023.

MONICA JOHNSON

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DEPOSITION ERRATA SHEET

CORRECTIONS

Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____

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DEPOSITION ERRATA SHEET

CORRECTIONS

Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
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Pg.	Ln.	Now Reads	Should Read	Reason
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Pg.	Ln.	Now Reads	Should Read	Reason
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Pg.	Ln.	Now Reads	Should Read	Reason
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Pg.	Ln.	Now Reads	Should Read	Reason
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Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____
Pg.	Ln.	Now Reads	Should Read	Reason
_____	_____	_____	_____	_____

Signature of Deponent

SUBSCRIBED AND SWORN BEFORE ME

This the _____ day of _____, 2023.

(Notary Public)

My Commission Expires: _____